



# DIVISION OF RURAL SERVICES ROAD SERVICE AREA COMMISSIONER APPLICATION

Service Area: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City / Zip Code: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Address: \_\_\_\_\_  
*(No address: use subdivision, block, and lot or tax lot number)*

What other commissions do you serve on? \_\_\_\_\_  
*(Commissioner may not serve more than three road service areas)*

I am interested in serving on this commission because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your background and any areas of special interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*• I affirm that I am a registered voter residing within the borough;  
• I affirm that I own property within Service Area;  
• I have included the completed signed financial disclosure form; and  
• I understand I will sign a notarized oath of office within 30 days of appointment in order to serve as a Service Area Commissioner.*

\_\_\_\_\_  
Signature Date

*(forms that are not signed will not be accepted)*

date received

(office use only)

As a Commissioner, you will receive a FNSB Email account to handle Service Area business. Please check one of the following boxes to indicate your preferred method of receiving correspondence from Rural Services, if appointed:

VIA Email    **or**     VIA US Postal Service

*(VIA Email: Commssioners may request hard copy of correspondence delivered)*

**Submit form to FNSB Rural Services Division:**

Deliver: 520 5<sup>th</sup> Ave., First Floor, Suite D  
Mail: PO Box 71267, Fairbanks, AK 99707  
Fax: 907-459-1499  
Email: [ruralservices@fnsb.us](mailto:ruralservices@fnsb.us)

The Fairbanks North Star Borough is subject to the Alaska Public Records Act, AS 40.25 et seq. and this document may be subject to public disclosure under state law.

**DISCLOSURE OF PRESENT ECONOMIC INTEREST  
APPOINTED PUBLIC MEMBERS OF A BOARD, COMMISSION, OR OTHER MUNICIPAL BODY**

1. \_\_\_\_\_  
(YOUR NAME: LAST, FIRST, MIDDLE)

2. \_\_\_\_\_  
(BOARD, COMMISSION, OR OTHER PUBLIC BODY TO WHICH YOU ARE APPLYING.)

3. FOR TERM ENDING: \_\_\_\_\_

4. PLEASE GIVE THE BUSINESS NAME OF YOUR EMPLOYER, TYPE OF BUSINESS, YOUR POSITION.

\_\_\_\_\_  
(BUSINESS NAME)            (TYPE OF BUSINESS)            (YOUR POSITION)

5. IF YOU ARE SELF-EMPLOYED, CHECK THIS BOX:  SELF EMPLOYED

**DECLARATION**

I understand that I am required to disclose any interest which would cause me or an immediate family member (including all household members) to have a personal or financial interest, different than those of the public generally, in matters coming before the board, commission, or other public body of the municipality to which I have been appointed. When such matters arise, I will also inform the other members on the record, so that the potential for a conflict of interest can be addressed prior to action by the public body.

I have the following interest(s) which would cause me, an immediate family member, or household member to have a personal or financial interest, different than those of the public generally, in matters coming before the public body during my term:

(ATTACH SEPARATE SHEETS AS NECESSARY)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the situation changes, or I acquire new interests, I will file a supplemental disclosure with the Clerk's Office. I affirm that this **DISCLOSURE** is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date