



TOWN OF SHELBY

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Sanitary District No. 2 Commissioner Application

The Town of Shelby depends on citizen participation, service, and input. The Sanitary District No. 2 plays a vital role in planning for water and sewer infrastructure in the Sanitary District Area. The Sanitary District Commissioners perform duties related to planning, constructing, and maintaining the water and sewer systems. The power and authority of the Sanitary District is governed by Wisconsin Statutes §60.70-§60.79.

The Commission consists of three (3) voting members appointed by the Town Board. Each Commissioner is appointed for a six (6) year term (less if a Town Board member holds office for less than six (6) years). There are no term limits, but the Town Board shall reconsider appointments at the end of each term.

Typically the Sanitary District No. 2 Commission meets on the fourth (4th) Thursday of each month at 4:30 p.m. at Town Hall. Meetings days are subject to change, and additional meetings may be called as needed. Commissioners are required to attend meetings on a regular basis and devote time necessary to fulfill duties.

You must be a resident of the Town of Shelby Sanitary District No. 2 (map attached) in order to be considered as a Commissioner on the Sanitary District No. 2.

Commissioners for the Sanitary District must adhere to the Code of Ethics for Town Officials in Wis. Stat. §19.59 (see attached). Commissioners for the Sanitary District must sign an oath of office pursuant to Wis. Stat. §19.01.

Name _____ Phone _____

Address _____

Email _____

Do you have any recurring scheduling conflicts on the fourth (4th) Thursday of the month?

YES/NO (Circle One)

Have you ever been elected to or appointed to a Board or Commission for a Municipality?

YES/NO (Circle One)

If Yes, which one(s) and when _____

Please summarize why you wish to serve on the Sanitary District No. 2 Commission, include any applicable qualifications, experience, or education. (attach any additional information if needed).

Do you or your immediate family members have any relationship (professional, financial, or other) that may present a potential conflict of interest? If, yes explain:

I, the undersigned, do hereby apply to be appointed to the Sanitary District No. 2 Commission. The application and information therein is complete and true to the best of my knowledge.

Signed _____

Print Name _____ Date _____