

Employer _____

Address _____

(Street or PO Box)

(City)

(State)

(Zip Code)

Position _____

Does your employer contracts services to or does business with Nicollet County? _____

Explain:

Please use this area for additional comments, or to address any concerns or questions you may have regarding appointment to the Nicollet County Historic Preservation Commission:

Return your application to:

PROPERTY SERVICES DEPARTMENT

501 S. MINNESOTA AVENUE

ST. PETER, MN 56082

niccopermitapps@co.nicollet.mn.us

PHONE (507) 934-7070

FAX (507) 931-0856

