



**FAIRBANKS NORTH STAR BOROUGH**  
907 Terminal St. PO Box 71267 Fairbanks, AK 99707

**CLERKS OFFICE (907) 459-1401**  
**FAX (907) 459-1224**

**BOARD OF EQUALIZATION APPLICATION**

FNSBC 4.28.010 (B) Regular board members and alternate members shall be appointed on the basis of their expertise in property appraisals, real estate market, construction, farming, and other fields related to their functions as members of the board.

**Applicant's Name**

**Residence Address**

**City/State/Zip**

**Mailing Address**

**City/State/Zip**

**Work Phone**

**Home Phone**

**FAX**

**E-mail**

**Are you registered to vote within the Fairbanks North Star Borough [required by FNSBC 4.04.040(A)]? Yes**

**No**

**Do you currently serve on any other Borough Boards & Commission? Yes No**

**If yes please list which one:**

**Statement of Interest (use reverse side of form if necessary):**

**Brief Personal Biography (or attach resume)**

**Professional Licenses/Training**

**APPLICANT'S SIGNATURE**

**DATE**

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.

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**FOR OFFICE USE ONLY**

**Date Received** \_\_\_\_\_

**By** \_\_\_\_\_

**Note Any Attachments**

**\*RETURN TO THE OFFICE OF THE CLERK\*  
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. ARE YOU SELF-EMPLOYED?

YES

NO

**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 \_\_\_\_\_