



MINNESOTA SECRETARY OF STATE NOTICE OF INTENT TO APPOINT

(One copy of this form is to be completed for each appointment)

IT IS THE INTENT OF THE APPOINTING AUTHORITY TO APPOINT:

Name of appointed member

Preferred Mailing Address

(Any physical address or PO Box is public information on Office of the Secretary of State web site: www.sos.state.mn.us.
Members can list their work address or the Appointing Agency's address, as an alternative to their private residence.)

AS A MEMBER OF THE: _____

FOR A TERM BEGINNING: _____ AND ENDING: _____

TO SERVE AS: _____

Type of member: i.e., resident of specific district/county, public or professional member, etc. as required by law

REPLACING/REAPPOINTMENT: _____

I affirm that the foregoing is a full and true statement pursuant to Minnesota Statutes 15.0957, subdivision 6.

Appointing Authority: _____ Date: _____

(e.g. Commissioner of Agency)

Signature

*Minnesota Statutes 15.0597, subdivision 6, requires that the appointing authority for a multi-member agency, as defined in Minnesota Statutes 15.0597, subdivision 1, submit written notification of the name of the person the appointing authority intends to appoint at least **five** days before the effective date of the appointment to the Secretary of State.*

If the appointing authority intends to appoint a person other than one for whom the Secretary of State has forwarded an application, the appointing authority shall complete an application on behalf of the appointee and submit it to the Secretary of State with the completed Notice of Intent to Appoint form.

Email completed form to: official.documents@state.mn.us

Or mail completed form to: Official Documents Department
180 State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155-1299

Phone: 651-556-0643

Document Number: 20250595
Filed February 6, 2025
Office of the Minnesota
Secretary of State, Steve Simon