



Committee Member Application

Please check the committee you would like to join

- Board of Adjustment Historic Preservation Planning Commission
 Parks, Trails & Trees Visual Architectural Open Space

Name: _____ Date: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____

Email: _____

List of Qualifications: _____

Tell us why you would like to become a member: _____

List additional experience or training that would help in this position:

Signature: _____