

CITY OF SHOREACRES  
APPLICATION FOR THE APPOINTMENT TO PLANNING AND ZONING/  
BOARD OF ADJUSTMENT COMMISSIONS

Candidate for \_\_\_\_\_ Date \_\_\_\_\_  
(Indicate Name of Board)

Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse \_\_\_\_\_ No. of Children/Ages \_\_\_\_\_

Dates of Military Service, Branch of Service, Rank, Important Dates &  
Events, Discharge \_\_\_\_\_

High School \_\_\_\_\_ Date Graduated \_\_\_\_\_

College or University if appropriate \_\_\_\_\_

Course of Study \_\_\_\_\_ Date Graduated \_\_\_\_\_

List below any organizational memberships, date (s) of membership and any  
offices held \_\_\_\_\_

Why do you feel you would be a good candidate for a position on the board of  
request?

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\* Information provided in this application is for use in determining qualifications for  
specific fields or areas of service, press releases, etc. of persons appointed.

Return to City Secretary upon completion.