

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.