



Commission/Board of Adjustments/Board of Appeals Application Form

Name of Commission or Board: _____

Applicant's Name: _____

Physical Address: _____ How Long: _____

Mailing Address: _____

Work Phone: _____ Home Phone: _____ Fax: _____

E-Mail: _____

Statement of interest (use reverse side of form if necessary):

Brief personal biography (or attach resume):

Professional licenses/training:

Applicant's Signature: _____ Date: _____



For Office Use Only – Date Stamp