

**CITY OF EASTLAND**  
Application Form for Boards and Commissions

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Business Name and Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please indicate your priority (#1 being your first choice):**

Planning & Zoning Commission  
 Eastland Economic Development

Historic Preservation Board  
 Board of Adjustment

THE FOLLOWING MUST BE COMPLETED BEFORE THIS APPLICATION WILL BE CONSIDERED.

Please list volunteer committees or activities in which you have served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list organizations in which you hold membership: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any professional licenses or certifications which you hold: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will your past experiences contribute to your service on this board?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Board/commission services requires your participation. Are you in a position to give your time as required?

Yes  No

Signed: \_\_\_\_\_

*For further information, please call Bill Dolen or Shirley Stuart at 629-8321.*