Application for Appointment to Committee and Commission

Name_____ Date_____

Committee/Commission applying for_____

Address_____
Street City State Zip

Mailing address if different_____
PO Box/Street City State Zip

Employment:_____
Nature of Business Occupation

Telephone_____
Home Cell Work

Email address_____

Number of years as Jacksonville Resident_____ Registered voter Y or N

Highest grade completed/Degree held_____

Why do you wish to serve the city?_____

_____

What experience or education have you had relative to your application?_____

_____

_____

Please list any previous or present involvement such as City Council, commission or board membership,

citizen's committee etc. _____

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Additional information you feel is pertinent to this application_____

_____

The Comprehensive Plan is the guiding document for many decisions. Your appointment may require you to read and become familiar with the Comp Plan and other city codes upon appointment. Your signature on this application indicates you are willing to do so.

Signature:_____