

Town of Eagar

Board/Committee Membership Application

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

e-mail: _____

Check the following board you would be willing to serve on. Please fill out a separate sheet for each board you wish to serve on.

- | | |
|------------------------------------|--------------------------|
| Board of Adjustment | <input type="checkbox"/> |
| Cemetery Committee | <input type="checkbox"/> |
| Design Review Board | <input type="checkbox"/> |
| Eagar Beautification Committee | <input type="checkbox"/> |
| Municipal Property Corporation | <input type="checkbox"/> |
| Parks and Recreation Committee | <input type="checkbox"/> |
| Planning and Zoning Commission | <input type="checkbox"/> |
| Public Safety Personnel Retirement | |
| System Local Board | <input type="checkbox"/> |
| Utilities Board | <input type="checkbox"/> |

Please explain why you would like to serve on this board.

You may attach a resume or documentation of any related experience that may apply.

Date submitted: _____