

## **Application for Boards and Commissions**

## Name and Contact Information:

Name   Street Address   City, State, Zip Code   Home Phone   Work Phone   Email Address
Present Occupation:
Position Sought:          Planning and Zoning Commission Member          Planning and Zoning Commission Alternate          Board of Adjustments Member          Board of Adjustments Alternate          4B EDC Board
Are you registered to vote in the Town of Lakeside? YES NO
Will your present Occupation allow you sufficient time to serve on a board?       YES       NO
Are you presently serving on any other town board? YES NO If yes, specify which one and the approximate dates of service.
Briefly explain why you wish to be a member of the board(s) indicated above:
Do you have any business or personal relationship with the Town of Lakeside that would affect your ability to have impartial judgment in the Town matters? YES NO If yes, please explain.
APPLICANT SIGNATURE: DATE:

RETURN COMPLETED FORM TO: TOWN OF LAKESIDE, TOWN ADMINISTRATOR, 9830 CONFEDERATE PARK ROAD, LAKESIDE, TEXAS 76108 FAX: 817-238-9187