



CITY OF WESTOVER

Application for Board Service

Planning Commission ____ Board of Zoning Adjustments ____

Applicant Name: _____

Home Address: _____

Telephone: Home Phone: _____ Cell: _____

Email Address: _____

Employer: _____ Occupation: _____

Are you a Registered Voter in the City of Westover? _____ # of years? _____

Educational Training or Degree/s: _____

Previous Board Service: Where: _____ When: _____

Business & Civic Experience: _____

Signature: _____ Date: _____

This service Form has been developed for your convenience and does not guarantee appointment to the position for which you are applying. This completed form will be placed on file in the City Clerk's Office for a period of three years. This form must be signed and dated for consideration. This form is available online at www.westoveral.gov. Thank you for your interest in serving.