P. O. Box 156 15 North Church Street Eureka, Utah 84628



Application for Boards and Commissions

Date:			
What Board or Commission are you applying for	or?		
Board of Adjustment D Planning	ng Commission		
Name of Applicant:			
Address: P. O. Box or Street Address	City	State	Zip
Home Phone:	Work Phone:		
Cell Phone:	Email:		
Education:			
Are you Currently Employed: YI	ES / NO		
If so, please list your employers name and addre	ess.		
Employer:			
Address: P. O. Box or Street Address	City	State	Zip
Occupation:			
Reason for applying:			
Experience:			
Community and other activities (include any co	mmittee work):		
What strengths will you contribute to this Comr	nittee?		

Please attach a current resume.

Phone: 435-433-6915 Fax: 435-433-6891 Email: eureka15@cut.net