

City of Ward

Planning Commission Application

YOU MUST LIVE IN THE CITY LIMITS OF WARD
FOR THE TIME PERIOD YOU ARE ON THE COMMISSION

1. Name: _____

2. Address: _____

3. Contact Phone Number: _____

4. Email Address: _____

Signature

Date

Office Use Only

Date/Time Received: _____

Received By (initials): _____

Received: In person _____ Via Email _____ Other _____

Replacing: _____

Length of Term: _____

Term Terminates at the End of: _____