



City of Fredericksburg

Application for Consideration of Appointment

Board / Commission / Committee You Are Applying For: (Check all that may apply)

- Planning & Zoning Historic Review Board Board of Adjustment
- G.C. Economic Development Commission City/County Health Board
- Other _____

Name: _____ Date: _____
(Title) (First) (M.I.) (Last)

Home Address: _____
(Street) (Home Phone Number)

Mailing Address: _____
(Street or Post Office Box #) (Business Phone Number)

Fax Number: _____ E-mail Address: _____

Employer: _____
(Name / Address)

Occupation: _____

Are you a qualified voter of the City of Fredericksburg? _____ Yes _____ No

Are you a City of Fredericksburg resident? _____ Yes _____ No How Long? _____

So the council may know more about you, please complete the following:

Education: _____

Volunteer Experience / Community Service: _____

Areas of Interest: _____

Please specify membership on any other governmental or community board/commission/committee:

Please provide a brief narrative outlining your reasons for seeking appointment to a board or commission.
(Resumé or additional information may be attached.)

Signature _____ Date _____

Please return the completed form to the City Manager's office for processing. Your application will be kept on file for 12 months.