

PLANNING COMMISSION

NAME:			
ADDRESS:			
	House Number	Street Name	P.O. Box
PHONE 1:	()		<input type="checkbox"/> Land Line <input type="checkbox"/> Cell Phone
	Area Code	Phone Number	
PHONE 2:	()		<input type="checkbox"/> Land Line <input type="checkbox"/> Cell Phone
	Area Code	Phone Number	
E-Mail:			
<input type="checkbox"/>	Yes, I would like to serve on the Planning Commission.		
<input type="checkbox"/>	Yes, I will commit to completing the required online training.		
Occupation:			
Qualifications:			
Comments:			

PLEASE COMPLETE AND RETURN THIS APPLICATION TO THE VILLAGE CLERK