

VILLAGE OF MAPLE PARK Planning and Zoning Commission Member Application

NAME:					
ADDRESS:					
		House Number	Street Name	P.O. Box	
PHONE 1:		()	□ Land Line □ Cell Phone		
Area Code Phone Number					
PHONE 2:		()		□ Land Line □ Cell Phone	
Area Code Phone Number					
E-Mail:					
	Yes, I w	would like to serve on the Planning and Zoning Commission			
	Yes, I w	I will commit to completing the required on-line training			
Occupation:					
Qualifications, please feel free to attach a resume, not required:					
Comments:					