

APPLICATION
FORSYTH TOWNSHIP COMMISSIONS, BOARDS AND COMMITTEES
(MUST BE A QUALIFIED ELECTOR)

PLEASE INDICATE WHICH BODY YOU ARE INTERESTED IN:

_____ **PLANNING COMMISSION**

_____ **ZONING BOARD OF APPEALS**

_____ **ORDINANCE COMPLAINE
COMMITTEE**

_____ **BOARD OF REVIEW**

NAME

DATE

PROPERTY ADDRESS

MAILING ADDRESS (IF DIFFERENT)

CITY, STATE, ZIP CODE

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**HAVE YOU PREVIOUSLY (OR CURRENTLY) SERVED ON ANY FORSYTH TWP
COMMISSIONS, BOARDS OR COMMITTEES? PLEASE STATE WHICH ONE AND DATE
SERVED.** _____

ARE YOU ABLE TO ATTEND MONTHLY MEETINGS? _____

DO YOU TRAVEL OR ARE YOU REGULARLY GONE DURING A CERTAIN PART OF THE YEAR?

IF YES, PLEASE EXPLAIN _____

NOTE: PLANNING COMMISSION AND ZONING BOARD OF APPEALS HAVE SCHEDULED MEETINGS ONCE
A MONTH (IN EVENINGS)

BOARD OF REVIEW MEETS IN MARCH, JULY, & DECEMBER (DAYTIME & EVENINGS)

ORDINANCE COMPLIANCE COMMITTEE MEETS AS NEEDED UPON REQUEST

(CONTINUED ON REVERSE)

PLEASE INDICATE WHY YOU FEEL YOU WOULD BE AN ASSET TO THE TOWNSHIP IN THE POSITION YOU ARE REQUESTING:

PLEASE LIST YOUR WORK EXPERIENCE AND EDUCATION (OR ATTACH RESUME):

DO YOU HAVE KNOWLEDGE OR ORDINANCES AND/OR ORDINANCE ENFORCEMENT? PLEASE EXPLAIN.

DO YOU HAVE KNOWLEDGE OR PROPERTY TAX LAW OR GENERAL KNOWLEDGE OF ASSESSING? PLEASE EXPLAIN.

SIGNATURE

DATE

PHONE

EMAIL