



# City of Cleburne

## Board/Commission Application

<i>As an applicant for a Board, Commission, or Committee, your name, address and telephone number will be available to the public. You will be contacted if action is taken on your application.</i>		
<b>Name:</b>		<b>Date:</b>
<b>Residence Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Telephone (Home):</b> (Work/Other):	<b>Email Address:</b>	
<b>Do you reside in the Cleburne city limits:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*All board/commission members must reside in the city limits, with the exception of the Museum Board.</small>	<b>Are you a registered voter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, please list registration number:</small>	
<b>Are you currently a vendor or receiving money from the City?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, explain:</b>		
<b>Occupation and place of employment:</b> (If retired, indicate former occupation or profession)		
<b>Education:</b>		
<b>Professional and/or community activities:</b>		
<b>Please tell us about yourself and your interest in serving on a city board:</b>		
<b>References:</b>		
<b>Boards and/or Commissions you have previously served on:</b>	<b>Dates served:</b>	
<b>PLEASE NUMBER IN ORDER OF PREFERENCE, THE BOARD, COMMISSION AND/OR COMMITTEE YOU ARE INTERESTED IN SERVING ON.</b>		
<input type="checkbox"/> 4B Economic Development Corporation <input type="checkbox"/> Airport Board <input type="checkbox"/> Animal Shelter Advisory Board <input type="checkbox"/> Building & Standards Commission <input type="checkbox"/> Civil Service Commission	<input type="checkbox"/> Historic Preservation Commission <input type="checkbox"/> Library Advisory Board <input type="checkbox"/> Museum Advisory Board <input type="checkbox"/> Parks & Recreation Board <input type="checkbox"/> Planning & Zoning Commission	<input type="checkbox"/> TIF District #1 (Industrial Park) <input type="checkbox"/> TIF District #2 (Downtown Area) <input type="checkbox"/> Zoning Board of Adjustment
<b>Return Completed Form To:</b> <b>OFFICE OF THE CITY SECRETARY</b> <b>CITY OF CLEBURNE, P. O. BOX 677, CLEBURNE, TEXAS 76033-0677</b> <b>817-645-0908 / <a href="mailto:citysec@cleburne.net">citysec@cleburne.net</a></b>		
<b>SIGNATURE:</b>		