

APPLICATION FOR PLANNING COMMISSION

☐ Application for reappointment	Position #	
☐ New Applicant	Position #	
☐ Resident of the City – Date you	became a resident of the Cit	y of:
☐ Non-resident of the City but with	in the urban growth boundar	у
PLEASE PRINT		
Name		(F : 0)
(Last)		(First)
Address	Ho	ome Ph#
Email Address	Ce	ell Ph#
Occupation		
Place of Employment		
Business Address		
Phone Email		

1. Please give a brief description of the experience or training that qualifies you for membership on the Planning Commission.

2. Why do you want to become a member of the Planning Commission and what specific contribution would you hope to make?

Signature of Applicant PLEASE RETURN TO:	City of Drain P.O. Box 158 431 Payton Ave. Drain, Oregon 97435	
	Date	
provide more information o		
of Economic Interest (SEI) City of Drain strongly encou	embers are public officials and are required to file an ann) with the Oregon Government Ethics Commission. In ad ourages all public officials to take government ethics trair once appointed.	ldition, the
connections with pr	by, have any business, contractual arrangements or fam rograms having contractual agreements with the City tha of the Planning Commission?	