

APPLICATION FOR APPOINTMENT TO BOARD

NAME: (Please Print) _____ DATE OF APPLICATION: _____

ADDRESS: _____

PHONE NUMBER: _____

Do you live within the city limits of Willard? YES NO

If YES, how long have you been a resident of Willard? _____

Please choose the areas of most interest:

Planning & Zoning Park Advisory Board Economic Development Task Force

Tree Board Board of Adjustments

Have you served in this capacity before? YES NO

If YES, please explain:

Please describe why you would like to serve:

Please describe any education or experience that would assist you in serving:

I certify that the above information is correct. I understand that appointments are recommended by the Mayor to the Board of Aldermen for approval and that I may be asked to provide additional information.

Signature: _____

Date: _____

Thank you for your interest and desire to serve your community!

Return this completed application to the City Clerk by mail at: PO Box 187, Willard, MO 65781

By fax at: (417) 742-3080 or drop off at Willard City Hall, 224 W. Jackson St.
