



**REQUEST FOR APPOINTMENT TO
CITY OF BRENHAM
BOARDS AND COMMISSIONS**

Name of Board or Commission in which you have an interest:

- | | |
|---|---|
| <input type="checkbox"/> Airport Advisory Board | <input type="checkbox"/> Board of Adjustments |
| <input type="checkbox"/> Brenham Community Development Corp. | <input type="checkbox"/> Brenham Housing Authority |
| <input type="checkbox"/> Building Standards Commission | <input type="checkbox"/> Hotel Occupancy Tax Board |
| <input type="checkbox"/> Library Advisory Board | <input type="checkbox"/> Main Street Board |
| <input type="checkbox"/> Parks & Recreation Board | <input type="checkbox"/> Planning & Zoning Board |

(Composition, terms, duties and responsibilities are outlined on the Attachment)

Name: _____
(Title) (Last) (First) (Middle)

Residence Address: _____
(Street) (City) (State) (Zip)

Mailing Address: (If different from above)

(Street) (City) (State) (Zip)

Preferred Phone and Fax: _____
(Phone) (Fax)

Email Address: _____

Occupation: _____

Employer: _____

Are you a registered voter in Washington County? ____ Yes ____ No

Are you a resident of the City of Brenham? ____ Yes ____ No Length of residency: _____

Are you a resident of Washington County? ____ Yes ____ No Length of residency: _____

Do you, your spouse or your employer have any financial interest, directly or indirectly, in matters that might come before the Board to which you seek appointment?

____ Yes ____ No If yes, explain: _____

Applicant Name: _____

BACKGROUND

Education/Training: _____

Areas of Interest: _____

Current or Past Volunteer Experience/Community Service:

Please specify current or past volunteer experience/community service, if any, on Boards, Commissions, Corporations, Non-Profit Entities, Agencies, or other Entities. Additional information may be attached.

Organization: _____

Organization: _____

Organization: _____

Organization: _____

Reasons for seeking appointment: Please attach a brief narrative outlining your interests and qualifications for seeking this appointment. You may also add a resume or any additional documentation.

I have read and understand the instructions and appointment process. I certify that all statements that I have made on this application and other supplementary materials are true and correct. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

Signature

Date

FILE THIS COMPLETED APPLICATION FORM WITH CITY SECRETARY'S OFFICE ON OR BEFORE 5:00 P.M. ON OCTOBER 1ST

City of Brenham - City Secretary
P. O. Box 1059
Brenham, Texas 77834-1059
Phone: 979-337-7567
Fax: 979-337-7568

(Original copy will be kept on file in the City Secretary's office for 12 months from the date of submission)