

City of Duquesne

PLANNING AND ZONING COMMISSION

NAME (please print) _____

ADDRESS _____

C/S/Z _____

MAILING ADDRESS _____

C/S/Z _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

Resident of Duquesne ____ Yes ____ No Registered Voter ____ Yes ____ No

Occupation: _____ Employer: _____

Education: (check highest level) ____ High School ____ College Degree
____ Associate ____ Bachelor ____ Master ____ Doctorate

Field of Study and/or Special Interests: _____

List any Board or Commission you served on previously: _____

Why do you want to serve on this commission? _____

List any information (experience, community activities, education, etc.) which you think should be considered for your appointment to this committee: _____

SIGNED _____ DATE _____