

City of Duquesne

Board of Adjustments Committee

NAME (please print) _____

ADDRESS _____

C/S/Z _____

MAILING ADDRESS _____

C/S/Z _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

CONNECTION TO THE CITY: RESIDENT _____ EMPLOYEE _____

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 COMMITTEE? _____

LIST ANY INFORMATION (EXPERIENCE, COMMUNITY ACTIVITIES, EDUCATION, ETC.)
WHICH YOU THINK SHOULD BE CONSIDERED FOR YOUR APPOINTMENT TO THIS
COMMITTEE: _____

SIGNED _____ DATE _____