

APPLICATION FOR PLANNING COMMISSION

Please fill out the following application, and attach any information you deem relevant.

Name: _____ Date: _____

Street Address: _____

Phone Number: _____ Email: _____

Current Occupation: _____ Employer: _____

Length of residence in Tappahannock: _____

Other Boards or Committees you would be willing to serve: _____

Why are you interested in serving in this position?

What experience do you bring to this position?

Do you have any special skills or expertise applicable to this position?

Educational/Occupation
background: _____

Additional information you would like to
provide: _____

Please return application to the Tappahannock Municipal Building 915 Church Lane Monday – Friday
from 8:30 a.m. to 4:30 p.m.

RETURN THIS APPLICATION TO:

TOWN OF TAPPAHANNOCK
Patsy K. Scates
PO Box 266
Tappahannock, VA 22560

Email: pscates@tappahannock-va.gov

THANK YOU FOR YOUR INTEREST TO SERVE OUR COMMUNITY