

## **Planning Commission application**

Please complete the application form and return it to <a href="mailto:sshelley@fairfieldtown-ut.gov">sshelley@fairfieldtown-ut.gov</a>. Name: Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Address: Are you a Resident of Fairfield? ☐ Yes ☐ No How long have you resided in Fairfield? \_\_\_\_\_ **Eligibility:** Are you currently serving on any other municipal board or commission? ☐ Yes ☐ No If Yes, Please Explain: Are you related to any current Town Council members or Planning Commissioners? If Yes, Please Explain: \_\_\_\_\_ **Background & Experience** Occupation: Education: \_\_\_\_\_ Please describe any experience you have with planning, zoning, land use, or public service:

Why do you want to serve on the Fairfield Town Planning Commission?			
Availa	bility:		
you av	ng Commission mee ailable to attend reg Yes No		/ednesday of each month at 7:00 PM. Are
Ackno	wledgment		
	edge. I understand tl	n provided in this application is true hat any misrepresentation may disqu	•
Signat	ture:		
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For O	ffice Use Only		
Date:	/		
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