APPLICATION DATE:	



MUNICIPAL COMMITTEE APPLICATION

Please complete the following form to serve on a municipal committee.		
Name:		
Address:		
Telephone:		
Email:		
How many years have you lived in the City?:		
Subdivision:		
Blanco County Voter Registration #:		
Education:		
Business Owner?: No		
Business Name:		
Occupation (if retired, please indicate former occupation):		
Business Address:		
Business Phone:		
Business Email:		
Select the following municipal committees you wish to serve on:		
 □ Board of Adjustment □ Capital Improvement Advisory Committee (Water/Sewer Impact Fees) □ Planning and Zoning Commission 		
If you currently serve on a municipal committee, please list them here:		
List any experience, qualifications, or special interests here:		

scheduled meetings?:		inding on one's time, are you committed to attending regula o
How many hours can you se	erve each month?: _	
Date:	_	Signature:
		Print Name:
		OFFICE USE ONLY: