

**APPLICATION FOR APPOINTMENT TO  
STATESBORO PLANNING COMMISSION**

*(PLEASE PRINT OR TYPE)*

**Name:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Alternate Phone Number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Statesboro City District (Circle One) 1 2 3 4 5 or County Resident** \_\_\_\_\_

**Are you presently serving on any City or County Boards or Commissions? Yes / No**

**If yes, please list:** \_\_\_\_\_

**Board/Commission applying for:** \_\_\_\_\_

**Please state why you would like to serve as a member of this commission.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please explain your area of interest within the commission.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any interests or associations, which may present a conflict of interest? If, yes please elaborate.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Knowledge/Education, skills and/or abilities that you would like considered. (Resumes or any other applicable documentation can be attached, please limit to no more than 2 pages)**

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**Are you willing and able to attend meeting on a regular basis? Yes / No**

**If you are not appointed to the commission of your choice, are you interested in being contacted for other opportunities to serve in the City? Yes / No**

**I hereby certify that the information provided in this application to be accurate.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Submit completed application to: The office of the City Clerk by Fax 912-764-8258 or by email to [leah.harden@statesboroga.gov](mailto:leah.harden@statesboroga.gov).**

*Please note: submission of this application does not guarantee and appointment.*