

City of Holts Summit General Commission Application



Date: _____

Name: _____

Mailing Address: _____

Physical Address (if different from mailing): _____

Why would you like to serve on this Board: _____

Have you ever served on a Holts Summit Commission in the past? Yes No

If yes, please identify those that you have served on:

Name of Commissions that interest you: Planning and Zoning Board of Adjustments

I will attend meetings in accordance with the adopted policies of Holts Summit, Missouri. If at any time my business or professional interests conflict with the interests of the Commission. I will not participate in such deliberations.

Please provide References. We may secure a reference from any of the following individuals.

1.

2.

3.

Signature of Applicant : _____