



City of Town & Country

Commission Application

Please Print

Name: _____ Ward: _____

Street Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone : _____

Business Phone: _____ Business Fax: _____

E-mail Address: _____

Do you prefer to be called/emailed at your home or business regarding commission meetings?

Home Business Cell Either (please select one)

**Please identify your Commission choice(s) in order of preference
(1 being the most desired)**

- | | |
|---|---|
| <input type="checkbox"/> Architectural Review Board | <input type="checkbox"/> Police, Fire & EMS |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Public Art |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Parks & Trails | <input type="checkbox"/> Ways & Means |
| <input type="checkbox"/> Planning & Zoning | |

Please briefly describe your interest in your choice(s) of commission(s) and any experience, expertise or ideas and suggestions you may have.

Please return to: City Clerk, CITY OF TOWN & COUNTRY, 1011 Municipal Center Drive,
Town & Country, MO 63131 Phone: (314) 587-2806 Fax: (314) 587-2807

Signature

Date

(For office use only)

Date Received: _____

Date Distributed: _____

Distributed To: _____

Date Appointed: _____

Term Expires: _____

Notification Letter Mailed: _____

Date Entered Into Database: _____

02/12