

CITY OF BELLBROOK, OHIO

APPLICATION FOR APPOINTMENT TO:

- () Board of Zoning Appeals and Property Review Board (5 year term)
- () Planning Board (5 year term)
- () Village Review Board (3 year term)
- () Historical Museum Trustee (4 year term)
- () Records Commission

DATE: _____

TO: COUNCIL OF THE CITY OF BELLBROOK, OHIO:

Name _____ Home Telephone _____

Street Address _____ Zip Code _____

Employer _____ Business Telephone _____

Street Address _____ City & State _____

Zip Code _____ Title _____

E-Mail Address _____

Length of Residence in Bellbrook _____ Are you a registered voter? _____

Educational Background: _____ High School _____

College _____

Other Training _____

Previous Employer	Title	Years
-------------------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Civic Participation, Interests and Activities: _____

Qualifications for this appointment: _____

Reasons I would like to be considered: _____

Please feel free to attach additional information.

Signature