



BOARD/COMMISSION REAPPOINTMENT APPLICATION

APPLICANT INFORMATION

Date:			
First Name:		Middle:	Last Name:
Address:		City:	State: Zip:
Phone:	Work:	Email:	Mobile:

I am currently a member of the (CHECK THE BOX OF THE BOARD/COMMISSION THAT YOU ARE CURRENTLY SERVING ON)
and wish to reapply for membership for another term:

Board of Adjustments

Planning and Zoning Commission

Historical Preservation Commission

Library Board

Economic Development Corporation

Other

Authorization and Release

I hereby request consideration for reappointment to the above Board or Commission of the City of Lake Worth, Texas. I affirm that all the information contained in this reapplication is true and correct and that any misrepresentation, falsification, or omission shall be cause for relinquishing my role as a volunteer for the City of Lake Worth.

Upon completion, please return this form to: **Monica Solko, City Secretary at City of Lake Worth, 3805 Adam Grubb, Lake Worth, Texas 76135**

Applicant Signature:	Date:
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OFFICE USE

Received by City Secretary:	Date:
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