



# Town of Arlington

5854 Airline Road  
P. O. Box 507  
Arlington, TN 38002  
Planning Department: (901) 867-3449

## Application for Board/Commission

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ #Years in Arlington: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Current Occupation/Employer: \_\_\_\_\_

Does your current job require you to travel?  yes  no

Which board, commission, or committee are you interested in serving? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Planning Commission            | <input type="checkbox"/> Design Review Committee      |
| <input type="checkbox"/> Library Board                  | <input type="checkbox"/> Board of Zoning Appeals      |
| <input type="checkbox"/> Health and Safety Committee    | <input type="checkbox"/> Finance Committee            |
| <input type="checkbox"/> Parks and Recreation Committee | <input type="checkbox"/> Industrial Development Board |

Other Relevant Work/Educational Experience: \_\_\_\_\_

Professional/Community Organizations/Associations: (Name of group/activity, years participation)

Have you previously or do you currently serve on any Town boards (in Arlington or another Town/City)?  yes  
 no If so, please list boards and dates:

Reason for Interest: \_\_\_\_\_

By submitting this form, I certify that all information included in this application is true and accurate:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Return Completed Form To:

**MAIL:** Town of Arlington, 5854 Airline Road, P.O. Box 507, Arlington, TN 38002  
**FAX:** (901) 867-2638 **EMAIL:** cdurant@townofarlington.org