



Balcones Heights Board & Commission NOMINEE APPLICATION

Please fill out the application: Your submission of the application confirms your willingness to serve on the board/commission checked, to attend meetings, and generally fulfill the responsibilities of the appointment. Meeting notices and materials are typically distributed via email. Please be sure and include your email address in the space provided. Thank you for your interest in serving the City of Balcones Heights.

Please check the Board/Commission you are applying to serve on:
 Board of Adjustments and Appeals Planning and Zoning Commission

GENERAL INFORMATION	OCCUPATIONAL INFORMATION
Name: _____	Business Name/Employer: _____
Home Address: _____	Business Owner: Yes No
City: _____ Zip: _____	Position: _____
Home Phone: _____	Address: _____
Cell Phone: _____	City: _____ Zip: _____
Preferred Contact Number: _____	How long in current position? _____
E-mail Address: _____	

PLEASE ATTACH A RESUME AND/OR BIO

YOUR QUALIFICATIONS AND OPINIONS: (Please attach additional sheets if necessary)

Please briefly explain why you want to serve on the Balcones Heights Board/Commission you checked and what experience, education, and/or knowledge you have that makes you a qualified candidate:

Is your schedule such that you have the available time to commit to regular and consistent attendance at meetings? **Yes** **No**

Please briefly explain your opinions about the overall quality of life and issues you see are important to the City of Balcones Heights and its future: _____

Signature _____

Date ___ / ___ / ___