APPLICATION TO SERVE ON THE CITY OF KEYSTONE PLANNING AND ZONING BOARD

Name:		
Address:		
City:	STATE:	ZIP:
Telephone:		(Work)
Email:		
Do you reside in within the city	limits of Keystone He	eights?
Do you own a business in town If yes, please provide name, add		immediate area?
Why would you like to serve or	n the Board?	
What do you feel your major co	ontribution would be?	
What has been your main emplo	oyment background or	interest?
Do you presently or have you for If so, which committee(s)?		
Please list any community activ business, religious, social, athle	-	rt of whether civic, professional,
Please complete and return to the Boulevard, Keystone Heights, I	•	eights, City Hall, 555 S. Lawrence

Signature and Date