

Application for Planning Commission

APPLICATIONS DUE ON OR BEFORE TO THE CITY CLERK BY FRIDAY NOVEMBER 8, 2024 at NOON PUBLIC INTERVIEWS TO BE HELD AT A DATE TBD

Check box to keep application confidential

Thank you for your interest in serving on the Planning Commission. The purpose of this form is to provide the City Manager and City Council with basic information about applicants considered for appointment.

(PLEASE PRINT OR TYPE)

	Date:					
Name:	Phone:					
Address:	City/Zip					
Employer:	Phone:					
Address:	City/Zip					
E-Mail:						
How long have you lived continuously in the City of Bangor?						
Are you currently serving on other boards? Yes No						
Are you related to an elected official or employee of the City of Bangor? Yes No						
Insert your relationship to elected official or employee of the City of Bangor:						
Have you ever been convicted for anything other than a minor traffic violation? Yes 🗌 No						
City Administration utilizes electronic methods to disseminate information for meetings. Are you able to take advantage of electronic documents (email, Internet access, home computer)? Yes INO IN						
Professional Qualifications and/or Work Experience:						
Community Activities and/or Other Experience:						

References (Please list name, phone and address):

Indicate reasons for desiring to serve:

APPLICANTS FOR PLANNING COMMISSION PLEASE COMPLETE THE PORTION BELOW

The information presented in this application is true and complete without qualification. I hereby authorize the City of Bangor to verify the same and make any investigation of my background deemed necessary.

I authorize former employers, law enforcement agencies and any other third party to give the City of Bangor information they have regarding me without written notice from me. This is authorization for information requested by the City of Bangor to be released by my former employers, law enforcement agencies or other third parties.

I understand that the City of Bangor has the right to refuse to appoint me or immediately terminate my appointment at any time it discovers that I have provided incomplete, untrue or misleading information in this application or any document or forms at any time during my committee appointment.

Print Name	Date
Signature	DOB:
FOR OFFICE USE ONLY	Deter
Received by:	Date:
Appoint to Committee	
□ Yes	Council Meeting to accept appointment
	Date of Next Meeting:
□ No	