



**CITY OF FREDERICKSBURG  
BOARD/COMMISSION/AUTHORITY/COMMITTEE  
APPLICATION**

**APPLICANT INFORMATION**

Date:			
First Name:		Last Name:	
Address:		City:	
State:	Zip:	Phone:	Work:
Email:		Occupation:	
Employer:		Employer Address:	
Are you a City of Fredericksburg Resident:			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Check the box of the Board/Commission/Authority/Committee you wish to serve on.

<input type="checkbox"/> Architectural Review Board	<input type="checkbox"/> Board of Social Services
<input type="checkbox"/> Board of Zoning Appeals	<input type="checkbox"/> Cable Television Commission
<input type="checkbox"/> Economic Development Authority	<input type="checkbox"/> Fredericksburg Clean & Green Commission
<input type="checkbox"/> Memorials Advisory Commission	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Recreation Commission	<input type="checkbox"/> Cable Television Commission
<input type="checkbox"/> Wetlands Board	<input type="checkbox"/> Other: _____

So the Council may learn more about you, please complete the following:

Education:

Volunteer Experience/Community Service:

Areas of Interest:

Specify membership to any other governmental or Community Board/commission/authority/committee:

Provide a brief narrative outlining your reasons for seeking appointment (resume or additional information may be attached):

I hereby request consideration for appointment to the above Board or Commission of the City of Fredericksburg, Virginia.

Applicants Signature: I understand that checking the box below is the equivalent of signing my name.

I Accept:

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion, please return this form to: Tonya Lacey, Clerk of Council , City of Fredericksburg, P.O. Box 7447, Fredericksburg, VA 22404 or 715 Princess Anne Street, Room 208