

**APPLICATION FOR APPOINTMENT TO  
BROOKLET PLANNING COMMISSION**

*(PLEASE PRINT OR TYPE)*

Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Brooklet Resident: Yes \_\_\_\_ No \_\_\_\_

Are you presently serving on any City or County Boards or Commissions? Yes / No

If yes, please list: \_\_\_\_\_

Board/Commission applying for: \_\_\_\_\_

**Please state why you would like to serve as a member of this commission.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please explain your area of interest within the commission.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any interests or associations, which may present a conflict of interest? If, yes please elaborate.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Knowledge/Education, skills and/or abilities that you would like considered. (Resumes or any other applicable documentation can be attached, please limit to no more than 2 pages)**

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**Are you willing and able to attend meeting on a regular basis? Yes / No**

**If you are not appointed to the commission of your choice, are you interested in being contacted for other opportunities to serve in the City? Yes / No**

**I hereby certify that the information provided in this application to be accurate.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Submit completed application to: The office of the City Clerk by Fax 912-842-5877 or by email to [lori.phillips@brookletga.us](mailto:lori.phillips@brookletga.us) .**

*Please note: submission of this application does not guarantee an appointment.*