



Silver Lake

Community of Family and History

Silver Lake Planning Commissioner Application

APPLICANT NAME: _____

E-MAIL: _____ HOME PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

1. Why do you wish to serve as a Planning Commissioner?

2. What do you feel are the top three planning and zoning priorities in Silver Lake?

3. What experience or areas of expertise could you bring to the Planning Commission?

4. Have you served or are you serving on any other City committees or boards? If so, please list:

FOR OFFICE USE ONLY

DATE SUBMITTED: _____

DATE INTERVIEWED: _____ (IF APPLICABLE)

APPROVED _____ DENIED _____ BY: _____

DATE OF ACTION: _____

TERM TO SERVE: _____ YEARS BEGINNING: _____ AND ENDING: _____

DATE: _____