



City of Lufkin
Planning & Zoning Commission
Zoning Board of Adjustment & Appeals
Membership Application

City Secretary's Office
P.O. Drawer 190
Lufkin, TX 75902

NAME _____

PLEASE TYPE OR PRINT CLEARLY

Please complete all fields below

Home Address:			
Business Address:			
Mailing Address for correspondence:			
Home Phone:	Business Phone:	Cell Phone:	Fax:
Email address:		Voter Registration Number: (optional)	
Length of time lived in Lufkin?		At this Address?	
Do you have any delinquent taxes, utilities, or other assessments owed to the City?			
Do you have any pending claims or litigation against the City?			

Position Information

POSITION SOUGHT: *Please indicate your choice*

- Planning & Zoning Commission Zoning Board of Adjustment & Appeals

I understand that I must be a resident, owner of real estate and taxpayer of the City of Lufkin. I further certify that I am a registered voter within the City of Lufkin. Should at anytime I cease to meet the above qualifications, I agree to resign from my position on the Board.

Applicant Signature

Date

Professional/Occupational Information

EDUCATION:

Institution/School:

Diploma/Degree:

Year:

EMPLOYMENT:

Employer:

Position:

Dates:

PROFESSIONAL LICENSES:

PROFESSIONAL ASSOCIATIONS/ MEMBERSHIPS:

CIVIC / VOLUNTEER ORGANIZATIONS & ACTIVITIES:

Sign and return application

I understand that if I should be appointed to a board / commission or committee, I will be expected to participate actively in the business of the respective board / commission or committee. I also understand that I will be expected to become familiar with relevant City Ordinances and review all material relating to decisions to be made and that I may recuse only for cause.

I agree to adhere to the attendance requirements of said board / commission or committee.

I agree to contact the City Secretary's Office if there is any change in my information as submitted on this application.

I understand that should a situation arises during my term on said board/commission or committee where I have a prohibited substantial interest, either direct or indirect, and such matter comes before said board/commission or committee, I understand that I will need to recuse myself from any discussion or vote on the matter. I understand that should I become unable to serve due to issues related to my ability to adequately participate in board matters, my appointment may be terminated.

I have read, understand, and completed this application to the best of my ability.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

Questionnaire

PLEASE TYPE OR PRINT CLEARLY.

1. Do you currently serve on any other City Boards/Commissions/Committees ? If yes, please list.

2. Why are you interested in serving on a City Board/Commission/Committee?

3. Do you feel you can commit the time to serve effectively should you be elected to serve?

4. What do you consider to be the top three (3) issues affecting the City of Lufkin?

5. What is your vision for the future for the City of Lufkin?

6. Briefly state your opinion about the overall mission and goals of the City of Lufkin.
