

CITY OF DECATUR
BOARD AND COMMITTEE APPLICATION

Please check the appropriate Board, Commission, or Advisory Groups(s)

- | | |
|--|--|
| <input type="checkbox"/> Airport Board | <input type="checkbox"/> Main Street Committee |
| <input type="checkbox"/> Cemetery Board | <input type="checkbox"/> Parks Board |
| <input type="checkbox"/> Capital Improvement Advisory Commission | <input type="checkbox"/> WCWSD Board |
| <input type="checkbox"/> Conference Center Board | <input type="checkbox"/> Board of Adjustment |
| <input type="checkbox"/> Economic Development Corp. Board | <input type="checkbox"/> Building Standards Commission |
| <input type="checkbox"/> Housing Authority Board | <input type="checkbox"/> Planning & Zoning Board |
| <input type="checkbox"/> Library Board | |

These boards have specific criteria and require a separate application.

Please contact Development Services at 940-393-0250

Name: _____ E-mail: _____

Address: _____

How Long? _____ Phone (Cell): _____ (Work): _____

Registered Voter? Yes No Business Owner Yes No

Name of Business: _____

Occupation and Employer: _____

Do you serve on any other board/commission currently?

If so please list: _____

Do you have any potential conflicts of interest: _____

List any qualifications which might be beneficial in serving on a board:

What do you feel you have to offer this group? _____

Applicant Signature: _____

Date: _____

TEXAS OPEN RECORDS ACT

Notice to Applicants: Once submitted, information contained in and included within this application is considered public record and must be released if a request is made.

According to Government Code Section 552.024 each employee or official of a governmental body and each former employee and official of a governmental body shall choose whether to allow public access to the information in the custody of the governmental body that relates to the person's home address, home telephone number, email address.

Each current/former employee and each current/former official shall state their choice to allow public access.

Please indicate with an X your decisions below.

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ALLOW PUBLIC ACCESS

Home Address	Yes	_____	No	_____
Home Phone Number	Yes	_____	No	_____
E-mail Address	Yes	_____	No	_____

Official Signature

Official Name (Please Print)

Date Submitted

Received by: