



**CITY OF CLARKSTON
PLANNING & ZONING COMMITTEE APPLICATION**

DATE OF APPLICATION _____

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-mail ADDRESS: _____

LENGTH OF RESIDENCY IN CLARKSTON: _____

IF EMPLOYED, PLEASE LIST WHERE YOU WORK AND POSITION YOU HOLD: _____

PLEASE ATTACH A LETTER OF INTEREST INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING:

- Why you wish to be considered for appointment to the Planning & Zoning Committee
- Your relevant experience and knowledge

The information provided will be used by the Mayor to make a nomination and for the City Council to consider for appointment, when a vacancy exists on the Planning & Zoning Committee. If there is no vacancy, your application will be kept on file for one year for consideration should an opening occur.

Please return application to: City of Clarkston
Office of the Community Development
736 Park North Blvd. Suite 120
Clarkston, GA 30021

Submit by email to: kjackson@cityofclarkston.com

Thank you for your willingness to serve your local government and community.