

City Hall 105 East Ohio Street Clinton, MO 64735 Telephone 660-885-6121 Fax 660-885-2023 wseaton@cityofclintonmo.com

Volunteer Board/Commission/Committee Application (PLEASE PRINT)

Name:			Ward: 1 2 3 4	
Street Address:		Zip Code:		
Home/Cell Phone:Business/Cell Phone:		Home Fax:		
		Business Fax:		
E-mail Address:				
are related.		•	ell us who they are and how they	
Do you prefer to be called,	e-mailed at your hom	e or business r	egarding scheduled meetings?	
Home	Business	Either	(please check one)	
Please identify only		ı would like to s most desired)	erve, in order of preference.	
Board of Adjustment		Park Board		
Clinton Regional Airport Board		Personnel Board		
Cemetery Board		Planning Commission		
Enhanced Enterprise Zone Board		Clinton Tourism Commission		
Historic Preservation Commission		Tree Board		
Clinton Housing Aut	hority Board			
Please briefly describe why y	you would like to be app	ointed to serve th	ne community.	
Sigi	nature		 Date	
(For office use only) Date Received: Date Distributed: Distributed To:		Date Appointed: Term Expires: Notification Letter Mailed: Date Entered Into Database:		