

STONE COUNTY

PLANNING AND ZONING BOARD CANDIDATE

PLEASE PRINT:

NAME: _____

MAILING ADDRESS: _____

VOTING PRECINCT: _____ PHONE NUMBER: _____

BRIEF DIRECTIONS TO RESIDENCE IF RURAL: _____

OCCUPATION: _____

INDICATE BRIEFLY ANY SCHOOLING OR EXPERIENCE THAT WOULD PREPARE YOU FOR THIS POSITION: _____

PLEASE INDICATE ANY SOCIAL, SERVICE, OR VOLUNTEER ORGANIZATION AFFILIATION AND POSITION HELD: _____

WHY DO YOU WANT TO BE APPOINTED TO THIS BOARD? _____

IF "CANDIDATE" NAME IS OTHER THAN YOURSELF, LIST YOUR NAME HERE:

NAME: _____ PHONE: _____

PLEASE PROVIDE TWO PERSONAL REFERENCES:

NAME: _____ ADDRESS: _____

_____ PHONE: _____

NAME _____ ADDRESS: _____

_____ PHONE: _____

FOR ADDITIONAL INFORMATION, CONTACT JOY WILSON, PLANNING AND ZONING ADMINISTRATOR, P.O. BOX 301, GALENA, MO. 65656 - OR PHONE 417-357-8402.

STONE COUNTY

BOARD OF ADJUSTMENTS CANDIDATE

PLEASE PRINT:

NAME: _____

MAILING ADDRESS: _____

VOTING PRECINCT: _____ PHONE NUMBER: _____

BRIEF DIRECTIONS TO RESIDENCE IF RURAL: _____

OCCUPATION: _____

INDICATE BRIEFLY ANY SCHOOLING OR EXPERIENCE THAT WOULD PREPARE YOU FOR THIS POSITION: _____

PLEASE INDICATE ANY SOCIAL, SERVICE, OR VOLUNTEER ORGANIZATION AFFILIATION AND POSITION HELD: _____

WHY DO YOU WANT TO BE APPOINTED TO THIS BOARD? _____

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PHONE: _____

NAME _____ ADDRESS: _____

PHONE: _____

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