



4385 Pecan Street
P.O. Box 39
Loganville, GA 30052

Application for Planning Commission Board Membership

(PLEASE PRINT)

Date of Application

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Phone Number

Cell Number

E-mail Address

Have you been a member of a board or commission with the City of Loganville in the past?

Yes

No

If Yes, give dates and name of board

How long have you lived in the City of Loganville? _____

Have you ever been convicted of a felony? _____

Yes

No

If Yes Please explain _____

Education:

High School _____

Years Completed _____

Course of Study _____

Diploma/Degree _____

Undergraduate College _____

Years Completed _____

Course of Study _____

Diploma/Degree _____

Graduate/Professional School _____

Years Completed _____

Course of Study _____

Diploma/Degree _____

Employment:

Employer _____

Job Title _____

Work Performed _____

In the space provided, please tell us why you are interested in becoming a member of the board you are applying for. _____

What special skills or experience do you have that may be helpful to us in considering your application. _____

I hereby authorize the City of Loganville to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Sex

Race

Date of Birth

Applicant's Signature

Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____ DAY OF _____ 20____

_____ NOTARY PUBLIC