# TOWN OF BENNETT
# Application for Appointment
# To the Board of Adjustment

Name: _____

Street Address: _____

Mailing Address: _____

Phone: _____

Number of years and months you have consecutively resided in the corporate limits of Bennett: _____

Occupation:_____

Employer: _____

Employer Address: _____

Employer Phone Number: _____

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1. Describe why you would care to serve as a member of the Board of Adjustment.

2. Describe what there is about the Town of Bennett that you would like to (a) change, (b) improve, (c) regulate more closely if you were appointed to the Board of Adjustment.

3. Please describe (a) your understanding concerning the duties as a member of the Board of Adjustment; (b) your vision of what the goals should be for the Board of Adjustment.

4. Please describe any special interests that you have or any organizations or activities in which you are involved.

5. Do you have any plans to relocate outside the corporate limits of the Town of Bennett within the next two years?

_____

Signature Date

*You may attach a resume or additional information in support of your application if you wish.*