



City Clerk's Office PO BOX 167 Seward, AK 99664  
Phone: 907-224-4046, Email: clerk@cityofseward.net

## CITY OF SEWARD APPLICATION FOR THE PLANNING AND ZONING COMMISSION

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

PO Box address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

How many years have you lived within the city limits of Seward, Alaska: \_\_\_\_\_

List any special training, education, or background you have which may help you as a member of the Commission:

I am specifically interested in serving on the Planning and Zoning Commission because:

Have you ever served on a similar commission elsewhere?    Yes    No

If so, where? \_\_\_\_\_ And when? \_\_\_\_\_

Are you available to attend meetings on Tuesday evenings twice a month? \_\_\_\_\_

- I understand there might be multiple terms lengths available and will check with the City Clerk for details.
- I understand that I am required to complete the financial disclosure form as part of this application.
- If appointed, I understand Commissioners shall be compensated for service at the rate of \$100 per month.
- If appointed, I understand that I must notify Community Development if I am unable to attend a meeting.
- If appointed, I understand that I may be removed from the Commission due to attendance issues.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date