



## CITY BOARD AND COMMISSION APPLICATION

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_  Email: \_\_\_\_\_  
(Please check box to indicate preferred contact method)

Occupation: \_\_\_\_\_  
(If retired, indicate former occupation or profession)

Are you currently registered to vote in the City of Franklin?  Yes  No

Have you previously served on a City Board or Commission?  Yes  No

If yes, which one(s)? \_\_\_\_\_

Professional and/or Community Activities:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the Board(s) or Commission(s) you are interested in serving on: (you may check more than one)

- |   |   |
|---|---|
| <input type="checkbox"/> Board of Zoning Appeals  | <input type="checkbox"/> Franklin Homeowners' Association |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Historic District Review Board   |
| <input type="checkbox"/> Planning Commission      | <input type="checkbox"/> Parks and Recreation Commission  |
| <input type="checkbox"/> Special Events           | <input type="checkbox"/> Charter Review Commission        |

If you indicated the Civil Service Commission, please state what political party you are affiliated with:

\_\_\_\_\_  
(This information is required per Section 8.04 of the City's Charter)

Please list any qualifications that you believe make you a good candidate for the above position (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return Completed Form To: Clerk of Council  
City of Franklin  
1 Benjamin Franklin Way  
Franklin, Ohio 45005  
jmgee@franklinohio.org