

**City of Galena**  
**Planning and Zoning Commission**  
**Membership Application**

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

Present Address: \_\_\_\_\_  
Street City State Zip Code

PERIOD OF RESIDENCE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PLACE OF EMPLOYMENT

PHONE NUMBER OF EMPLOYER \_\_\_\_\_

Reference: Three persons, other than relatives

NAME	ADDRESS	YEARS ACQUAINTED
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU OWN YOUR HOME? \_\_\_\_\_

DO YOU OWN RENTAL PROPERTY IN GALENA?  
\_\_\_\_\_

WHY ARE YOU SEEKING APPOINTMENT TO THIS COMMISSION?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_