CITY OF GRAIN VALLEY
BOARDS & COMMISSIONS APPLICATION

Name: _____
Last First Middle

Address: _____, MO _____
Street City Zip Code Ward

Contact Info.: _____
Day Phone Evening Phone Cell Phone Fax

_____
Email Address

Education: _____
High School City/State Year of Graduation

_____
Trade/College/University Degree Year of Graduation

_____
Post Graduate Schooling Degree Year of Graduation

I would like to serve on the following Board/Commission for the City of Grain Valley:

_____ Board of Zoning Adjustments
_____ Economic Development Task Force
_____ Planning & Zoning Commission
_____ TIF Commission
_____ Construction Board of Appeals
_____ Parks & Recreation Board
_____ Public Works Committee
_____ Transportation Committee

Please state why you would like to serve on this Board or Commission:
(Attach Additional Page if Necessary)

_____
_____

Community Involvement:

Organization	Positions Held	Membership Date(s)

Do you have business or property interests that might place you in a conflict of interest situation should you be appointed to this Board/Commission? If so, please explain:

_____
_____

City of Grain Valley
711 Main Street
Grain Valley, Missouri 64029
Phone: 816.847.6210 Fax: 816.847.6202

Office Use Only
Date Received: _____
Received By: _____