

# Logan County Advisory Board Application

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

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

**I am interested in serving on the:**

\_\_\_\_ Board of Adjustment

\_\_\_\_ E911 Authority Board

\_\_\_\_ Emergency Medical Services Council

\_\_\_\_ Lodging Tax Board

\_\_\_\_ Planning Commission

\_\_\_\_ Shooting Sports Board

\_\_\_\_ Other: \_\_\_\_\_

**My qualifications are:**

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

**I am interested in serving because:**

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

\_\_\_\_\_  
Signature Date