

Town of Spring Hope

For office use only: Term Expires: ___

118 W. Railroad Street Spring Hope, NC 27882 Phone: (252) 478-5186 Fax: (252) 478-7131

Planning Board Application Please complete this form and return it to the Town Clerk

Applicant Name:	E-mail Address:
HOME ADDRESS:	Zip:
Home/Cell Phone: (
Current Employer:	Job Title / Occupation:
How long have you lived in	Spring Hope:
List any education, work ex	xperience or qualifications you have relevant to the Planning Board.
List any current or past vol	lunteer activities in which you are/were involved.
What do you see as the res	ponsibilities of this Board and what do you hope to accomplish if appointed?
Do you have any personal or business interest(s) that could create a conflict of interest (either real or perceived) if you are appointed? NO YES If yes, please explain:	
Have you taken the opport	unity to attend any previous Board meetings prior to the notice of this vacancy?
NO YES	amily to attend any providuo Board moduligo prior to the netice of time vacancy.
By submission of this application, I certify that all of the information contained herein is true to the best of my knowledge, and I understand that this application shall be active for two years. I also understand that I will be required to be available to attend meetings of the Board as assigned.	
Signature of Applicant	Date
	is required to be considered. This information along with other material may be used by the Town Board he event you are appointed, it may be used as a basis for a news release to identify you to the
How did you find out	about these opportunities?

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs.)"