STONE COUNTY
PLANNING AND ZONING BOARD CANDIDATE

PLEASE PRINT:

NAME: ________________________________

MAILING ADDRESS: ____________________

VOTING PRECINCT: ____________________ PHONE NUMBER: ____________

BRIEF DIRECTIONS TO RESIDENCE IF RURAL: ____________________

OCCUPATION: _________________________

INDICATE BRIEFLY ANY SCHOOLING OR EXPERIENCE THAT WOULD PREPARE YOU FOR THIS
POSITION: ______________________________

PLEASE INDICATE ANY SOCIAL, SERVICE, OR VOLUNTEER ORGANIZATION AFFILIATION AND
POSITION HELD: ________________________________

WHY DO YOU WANT TO BE APPOINTED TO THIS BOARD?

____________________________________________________________________

IF "CANDIDATE" NAME IS OTHER THAN YOURSELF, LIST YOUR NAME HERE:
NAME: ___________________________ PHONE: __________________________

PLEASE PROVIDE TWO PERSONAL REFERENCES:
NAME: ___________________ ADDRESS: _____________________________
PHONE: _____________________________

NAME ___________________ ADDRESS: _____________________________
PHONE: _____________________________

FOR ADDITIONAL INFORMATION, CONTACT JOY WILSON, PLANNING AND ZONING
ADMINISTRATOR, P.O. BOX 301, GALENA, MO. 65656 - OR PHONE 417-357-8402.
STONE COUNTY
BOARD OF ADJUSTMENTS CANDIDATE

PLEASE PRINT:

NAME:________________________________________

MAILING ADDRESS:________________________________________

VOTING PRECINCT:________________________ PHONE NUMBER:________________________

BRIEF DIRECTIONS TO RESIDENCE IF RURAL:________________________________________

________________________________________

OCCUPATION:________________________________________

INDICATE BRIEFLY ANY SCHOOLING OR EXPERIENCE THAT WOULD PREPARE YOU FOR THIS
POSITION:________________________________________

________________________________________

PLEASE INDICATE ANY SOCIAL, SERVICE, OR VOLUNTEER ORGANIZATION AFFILIATION AND
POSITION HELD:________________________________________

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