

**APPLICATION FOR MUSCATINE COUNTY ZONING COMMISSION**

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

APPLICANT FOR: Muscatine County Zoning Commission

Place of employment (and/or activities such as hobbies, volunteer work, etc., that you feel may qualify you for the position):

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

The following questions will assist the Board of Supervisors in its selection; however, it is **not** necessary to complete this information to be eligible for consideration.

• How much time will you be devoting to this committee? \_\_\_\_\_

\_\_\_\_\_

• Reason for applying? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Contributions you feel you can make to the Board/Commission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Direction/role you perceive of this Board/Commission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?

\_\_\_\_\_

\_\_\_\_\_

**RETURN COMPLETED APPLICATION BY 4:30 P.M. ON THURSDAY, September 10, 2020 TO:**  
MUSCATINE COUNTY ADMINISTRATION OFFICE  
414 E THIRD STREET, SUITE 101  
MUSCATINE, IOWA 52761-4142

***YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR***