



4303 Lawrenceville Road  
P.O. Box 39  
Loganville, GA 30052

## Application for Planning Commission Board Membership

(PLEASE PRINT)

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
E-mail Address

Have you been a member of a board or commission with the City of Loganville in the past?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

\_\_\_\_\_  
If Yes, give dates and name of board

How long have you lived in the City of Loganville? \_\_\_\_\_

Have you ever been convicted of a felony?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If Yes Please explain \_\_\_\_\_

Education:

High School \_\_\_\_\_

Years Completed \_\_\_\_\_

Course of Study \_\_\_\_\_

Diploma/Degree \_\_\_\_\_

Undergraduate College \_\_\_\_\_

Years Completed \_\_\_\_\_

Course of Study \_\_\_\_\_

Diploma/Degree \_\_\_\_\_

Graduate/Professional School \_\_\_\_\_

Years Completed \_\_\_\_\_

Course of Study \_\_\_\_\_

Diploma/Degree \_\_\_\_\_

Employment:

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Work Performed \_\_\_\_\_

In the space provided, please tell us why you are interested in becoming a member of the board you are applying for. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What special skills or experience do you have that may be helpful to us in considering your application. \_\_\_\_\_

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

I hereby authorize the City of Loganville to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_ NOTARY PUBLIC