

CITY OF BEAUFORT
APPLICATION
BOARDS/COMMISSIONS/COMMITTEES

NAME: _____

HOME ADDRESS: _____

PHONE NO.: (H) _____ (O) _____

E-MAIL: _____

IF YOU DO NOT RESIDE IN THE CITY, DO YOU:

- a. Own property in the City: _____ YES _____ NO
- b. Have a current business license: _____ YES _____ NO

BUSINESS ADDRESS: _____

BUSINESS HOURS: _____

BUSINESS PHONE: _____

Would you like to receive correspondence at home _____ or at your business _____?

I am interested in serving on the following Boards & Commissions:

STATEMENT OF QUALIFICATIONS AND INTEREST:

(If more space is needed, attach a separate sheet)

Date of application: _____

NOTE: Members of planning-related boards are required to take six hours of introductory training within their first year of service and three hours every year thereafter.

Please return this form to: Libby Anderson, Planning Director, 1911 Boundary Street, Beaufort, South Carolina 29902. Fax: (843) 986-5606. E-mail: landerson@cityofbeaufort.org