



**CITY OF AZLE
BOARD OR COMMISSION
APPLICATION FOR APPOINTMENT**

Name:	Date Submitted:
Home Address:	Business Address:
Home Phone: E-Mail Address: If appointed, do you want this published on the WEB page? Yes _____ No _____	Occupation: Business Phone: Fax Phone:
Azle Resident for _____ years.	Qualified Voter: Yes _____ No _____
Are you related to any Councilmember or the City Manager? Yes _____ No _____ If yes, please state the relationship (i.e. cousin, brother, sister, in-law, etc.) _____	
Special knowledge or experience qualifying you for this appointment:	
Boards/Commissions/Committees you have previously served on:	Dates
_____	_____
_____	_____
_____	_____
Professional and/or Community Activities (Civic Activities, Hobbies, etc.):	
<u>Number in order of preference:</u>	
Animal Shelter Advisory Board _____	Planning & Zoning Commission _____
Audit Committee _____	Special Events Advisory Board _____
Building Board of Appeals _____	Storm Water Board _____
Crime Control & Prevention Dist. _____	Traffic & Transportation Comm. _____
Library Board _____	Zoning Board of Adjustment _____
Parks & Recreation Board _____	

Please complete and return to: City Secretary, City of Azle, 613 S. E. Parkway, Azle, TX 76020
 Direct Line: 817-444-7101 * Main Line: 817-444-2541
 Fax: 817-444-7149 * Email: nzenk@cityofazle.org