

9641 Bellefontaine Road
St. Louis County, MO 63137
314 / 867-0076
Fax: 314 / 867-1790



COMMISSION/BOARD APPLICATION

Name: _____

Street Address: _____ Zip Code: _____

How long have you been a resident of Bellefontaine Neighbors? _____

Home Phone: _____ Home Fax: _____

Education: _____

Employer: _____

Business Phone: _____ Business Fax: _____

E-mail Address: _____

(Please circle one)

Do you prefer to be called at your home or business or email regarding Bellefontaine Neighbors issues?

HOME BUSINESS EMAIL (please circle one)

Please put a check mark next to your choice below.

- | | |
|---|---|
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Human Relations Commission |
| <input type="checkbox"/> Image & Beautification Board | <input type="checkbox"/> Parks & Recreation |
| <input type="checkbox"/> Planning & Zoning Commission | <input type="checkbox"/> Public Safety Commission |
| <input type="checkbox"/> Youth Commission | |

Please briefly describe your interest in your choice(s) of commission(s) and any ideas or suggestions you may have. **(Attach another sheet if necessary)** _____

Signature

Date

(For office use only)

Date Received: _____

Date Distributed: _____

Distributed To: _____

Date Appointed: _____

Term Expires: _____

Notification Letter Mailed: _____

Date Entered Into Database: _____