



**REQUEST FOR APPOINTMENT TO  
CITY OF BRENHAM  
BOARDS AND COMMISSIONS**

Name of Board or Commission in which you have an interest:

- |  |  |
|--|--|
| <input type="checkbox"/> Airport Advisory Board              | <input type="checkbox"/> Board of Adjustments      |
| <input type="checkbox"/> Brenham Community Development Corp. | <input type="checkbox"/> Brenham Housing Authority |
| <input type="checkbox"/> Building Standards Commission       | <input type="checkbox"/> Hotel Occupancy Tax Board |
| <input type="checkbox"/> Library Advisory Board              | <input type="checkbox"/> Main Street Board         |
| <input type="checkbox"/> Parks & Recreation Board            | <input type="checkbox"/> Planning & Zoning Board   |
| <input type="checkbox"/> Animal Shelter Advisory Committee   |  |

*(Composition, terms, duties and responsibilities are outlined on the Attachment)*

Name: \_\_\_\_\_  
*(Title) (Last) (First) (Middle)*

Residence Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

Mailing Address: (If different from above)  
\_\_\_\_\_  
*(Street) (City) (State) (Zip)*

Preferred Phone and Fax: \_\_\_\_\_  
*(Phone) (Fax)*

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Are you a registered voter in Washington County? \_\_\_\_ Yes \_\_\_\_ No

Are you a resident of the City of Brenham? \_\_\_\_ Yes \_\_\_\_ No Length of residency: \_\_\_\_\_

Are you a resident of Washington County? \_\_\_\_ Yes \_\_\_\_ No Length of residency: \_\_\_\_\_

Do you, your spouse or your employer have any financial interest, directly or indirectly, in matters that might come before the Board to which you seek appointment?

\_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**BACKGROUND**

Education/Training: \_\_\_\_\_

Areas of Interest: \_\_\_\_\_

Current or Past Volunteer Experience/Community Service:

Please specify current or past volunteer experience/community service, if any, on Boards, Commissions, Corporations, Non-Profit Entities, Agencies, or other Entities. Additional information may be attached.

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

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**Reasons for seeking appointment:** Please attach a brief narrative outlining your interests and qualifications for seeking this appointment. You may also add a resume or any additional documentation.

**I have read and understand the instructions and appointment process.** I certify that all statements that I have made on this application and other supplementary materials are true and correct. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment. If appointed, I agree to attend a new board member training session conducted by the City Secretary’s Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FILE THIS COMPLETED APPLICATION FORM WITH CITY SECRETARY’S OFFICE ON OR BEFORE 5:00 P.M. ON OCTOBER 1ST**

City of Brenham – Office of the City Secretary  
P. O. Box 1059  
Brenham, Texas 77834-1059  
Phone: 979-337-7567  
Fax: 979-337-7568

*(Original copy will be kept on file in the City Secretary’s office for 12 months from the date of submission)*