



**REQUEST FOR RE-APPOINTMENT TO  
CITY OF BRENHAM  
BOARD AND/OR COMMISSION**

Name of Board or Commission in which you have been serving:

- |  |  |
|--|--|
| <input type="checkbox"/> Airport Advisory Board              | <input type="checkbox"/> Board of Adjustment       |
| <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   |  |

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

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

Contact Numbers: \_\_\_\_\_  
*(Phone) (Cell) (Fax)*

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

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: \_\_\_\_\_

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**I have read and understand the instructions and appointment process.** I certify that all statements that I have made on this application are true and correct. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

\_\_\_\_\_  
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: 979-337-7564 / Fax: 979-337-7568  
E-mail: kstack@cityofbrenham.org

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