



APPLICATION FOR ECONOMIC DEVELOPMENT TASK FORCE

NAME: _____ DATE: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

REGISTERED VOTER: YES _____ NO _____

(Ordinances creating the Board of Adjustments and the Library Board require members to be qualified electors.)

TELEPHONE: (Residence) _____ (Employment) _____

E-MAIL ADDRESS _____

OCCUPATION: (If retired, indicate former occupation or profession.)

PROFESSIONAL AND/OR COMMUNITY ACTIVITIES: _____

BOARDS/COMMISSIONS YOU HAVE PREVIOUSLY SERVED:

Board/Commission

Dates Served

RETURN COMPLETED FORM TO:

MINERAL WELLS CITY CLERK

P.O. BOX 460

MINERAL WELLS, TX 76068

cityclerk@mineralwellstx.gov

Phone: 940-328-7702 Fax: 940-328-7704

FOR OFFICE USE ONLY

APPT. TO _____

DATE _____

OPEN GOV'T _____

TERMED _____

DESTROY _____