



4303 Lawrenceville Road
P.O. Box 39
Loganville, GA 30052

Application for Planning Commission Board Membership

(PLEASE PRINT)

Date of Application

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Phone Number

Cell Number

E-mail Address

Have you been a member of a board or commission with the City of Loganville in the past?

Yes

No

If Yes, give dates and name of board

How long have you lived in the City of Loganville? _____

Have you ever been convicted of a felony?

Yes

No

If Yes Please explain _____

Education:

High School _____

Years Completed _____

Course of Study _____

Diploma/Degree _____

Undergraduate College _____

Years Completed _____

Course of Study _____

Diploma/Degree _____

Graduate/Professional School _____

Years Completed _____

Course of Study _____

Diploma/Degree _____

Employment:

Employer _____

Job Title _____

Work Performed _____

In the space provided, please tell us why you are interested in becoming a member of the board you are applying for. _____

What special skills or experience do you have that may be helpful to us in considering your application. _____

I hereby authorize the City of Loganville to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Applicant's Signature

Date

AFFIDAVIT OF RESIDENCE

Name _____

Street Address _____

City, State _____

Zip _____

Date _____

To Whom This May Concern,

I, _____, formally acknowledge living at the street address of
_____, City of _____, State of _____ since
_____, _____.

Please attach two (2) documents for proof of residence. Following documents may be used:

- Utility bills
- HUD statement
- US Passport
- Lease agreements
- Government issued ID

Furthermore, I swear (or affirm) that I'm a resident of the City of Loganville and have been so for one year or more.

Signature: _____

Print Name: _____

Notary Acknowledgment

WITNESS my hand and official seal.

Place Notary Seal Above

Signature _____

Print Name _____