



TOWN OF SAINT ANDREWS

PLANNING ADVISORY COMMITTEE APPLICATION FORM

Name	
Address	
Phone Number	
Email	
Duration of Residency in Saint Andrews	

Background Information: Please provide details to the questions below. If there is not enough space, please continue on a separate page and submit with the application.

Do you have prior experience on service committees? Please Explain.

What skills do you bring to this committee? Please Explain. (e.g. education, skills, abilities, interests, etc.)



TOWN OF SAINT ANDREWS

Why do you want to participate on PAC and how do you feel you would be a good representative of the community?

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References: Please provide 2 references that are familiar with your work and/or abilities:

Name	
Position	
Address	
Phone Number	
Email	

Name	
Position	
Address	
Phone Number	
Email	

DECLARATION: I hereby declare the statements made by me in this application are true and complete to the best of my knowledge and I authorize the Town of Saint Andrews to use this information for consideration of my candidacy as a member of the Saint Andrews Planning Advisory Committee.

Signature

Date