

CITY OF INMAN
PLANNING & ZONING APPLICATION FORM
“Become a Strong Voice in Your Community”

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Work Status (fulltime/part-time/retired/etc.): _____

Available Meeting Times: _____

Recommended By: _____

Why do you want to be on the board? _____

***This application will be reviewed by all board members and once a unanimous decision has been reached, it will be turned over to council for final approval.**