

City of Rockaway Beach, Oregon

276 S. Highway 101, PO Box 5
Rockaway Beach, OR 97136
(503) 374-1752 FAX (503) 355-8221



PLANNING COMMISSION

RESUME FORM FOR CONSIDERATION BY COUNCIL

Name _____ Date _____

Mailing Address _____

Street Address _____

Occupation _____ Phone _____

Registered voter in Rockaway Beach? Yes No Email _____

How long have you resided in this city? _____

What background or experience do you have that would make you an effective commissioner?

What do you see as planning goals for Rockaway Beach?

Are you willing to commit every 4th Tuesday evening to a commission meeting for the length of your term? Also, extra time needed during the week before the meeting for site visits and packet review? Yes No

Additional Comments or information

Signature