

City of Rockaway Beach, Oregon

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

APPLICATION FOR THE CITY OF ROCKAWAY BEACH PLANNING COMMISSION VACANCY

Name:	Date:
Mailing Address:	City, State, Zip:
Street Address:	City, State, Zip:
Telephone:	Cell Phone:
E-Mail Address:	
Registered voter in Rockaway Beach	h? Yes No
How long have you resided in Rock	away Beach?
Signature:	Date:
following questions:	n provided above please, submit a letter with this application answering the to serve on the Planning Commission?
2. Are you willing to co and events?	ommit to attending all Planning Commission meetings, workshops, training,
2) Please also include your current	ent resume.

You may submit your application by mail, email or in person. If sending by email, please send to $\underline{cityhall@corb.us}$