

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

Name:		
	ng Address:	
Physical Address:		
Email Address:		
How long have you resided in Rockaway Beach?		
Occupa	pation:	
Employer:		
Signati	ture: Date:	
In addition to the information provided above, please include: a resume, and a cover letter including answers to the questions below.		
Applica	cation Questions:	
1.	Why would you like to serve on the Planning Commission?	
2.	Are you willing to commit to attending all Planning Commission meetings, worksho trainings, and events?	ops,

You may submit your application by mail, email or in person. If sending by email, please send to <u>cityrecorder@corb.us</u>.