



## BOARD, COMMISSION OR COMMITTEE APPLICATION

(Please return to: City of Delta, 360 Main Street, Delta CO 81416)

NAME OF APPLICANT		DATE	
MAILING ADDRESS			
PHYSICAL ADDRESS			
CITY			
OCCUPATION			
How many years (months) have y	ou lived in the: City of	Delta?	
	Delta (	County?	
Board or Commission Applying fo	or:		
☐ Planning Commission			
☐ Delta Housing Authority			
Other			
How did you hear about this ope	ning?		
Please comment on why you des	ire to be appointed		
Have you ever been on a Board, describe:			If YES please
Please explain the purpose of the understand it:		•	
SIGNATURE OF ARRIVANT		DATE	

## FOR PLANNING COMMISSION APPLICANTS ONLY:

In making appointments to the Planning Commission, the Delta City Council desires information from each applicant relative to the following topics. Please complete this information to the best of your ability.

How do you feel growth in the City of Delta should be handled?
What are your feelings regarding land use controls?
How do you feel about Planning?