

TOWN OF ADAMS PLAN COMMISSION APPLICATION  
NORMAL TERMS BEGIN IN MARCH (ANNUALLY)

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NAME

DAY PHONE

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ADDRESS

EVENING PHONE

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CITY

STATE

ZIP

EMAIL

Years living within the Township \_\_\_\_\_

Years Landowner in Township \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How much Land to you own? \_\_\_\_\_

What is it used for: \_\_\_\_\_

Why do you wish to be a member of the Town of Adams Plan Commission?

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What experience do you have?

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How/What contributions do you feel you would bring to the Committee?

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Other Comments: \_\_\_\_\_

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Requirements: Must to able/available to attend one to three meetings per month, some of which may be outside of the Township. May be required to take meeting minutes.