



30001 Ladyface Court, Agoura Hills, CA 91301 (818) 597-7303

PLANNING COMMISSION APPLICATION

NAME: _____

ADDRESS: _____
Street City Zip Code

TELEPHONE: _____ (Home) _____ (Business)

EMAIL ADDRESS: _____

ARE YOU CURRENTLY A RESIDENT OF AGOURA HILLS? Yes No HOW MANY YEARS? _____

OCCUPATION: _____

DESCRIBE YOUR FAMILIARITY WITH THE PLANNING PROCESS:

DESCRIBE ADDITIONAL EDUCATION AND/OR EXPERIENCE THAT MIGHT HELP YOU QUALIFY:

WHY ARE YOU INTERESTED IN SERVING ON THIS BOARD? _____

LIST THREE (3) PERSONS WHO WILL SUPPORT THIS APPLICATION (May be non-relatives who live in the City):

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

WHAT COMMUNITY ORGANIZATIONS HAVE YOU SERVED ON? _____

Planning Commission Meetings are typically held in the evening on the first and third Thursday of the month at 6:00 p.m. I AM AVAILABLE TO ATTEND EVENING MEETINGS Yes No

SIGNATURE OF APPLICANT _____

Individuals with disabilities requiring any accommodation to participate in the application and selection process must inform the City of Agoura Hills at the time this application is submitted. Individuals needing such accommodations must document the need for such accommodation, including the type and extent of accommodations needed to complete the application form, participate in the selection process or perform the volunteer duties/job for which they are applying.