



CITY OF HUTCHINS
BOARDS AND COMMISSIONS APPLICATION

APPLICATION FOR APPOINTMENT TO A BOARD OR COMMISSION

Return to: City Secretary, P.O. Box 500, Hutchins, Texas 75141
or email to colguin@cityofhutchins.org.

Board or Commission you wish to serve: _____

An application is required for each Board or Commission

Applicant Information:

(Ms./Mrs./Mr.) (Last Name) (First Name) (MI)

Home Address _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____ Email Address _____

1. Resident of the City for _____ years. Are you a Qualified Registered Voter? YES NO
2. Do you, your spouse, or your employer have any financial interest (direct or indirect) in the following?
1) In any contract with the City of Hutchins; 2) Regarding the sale of land, materials, supplies or services to the City of Hutchins; or 3) In matters that might come before the Board/Committees to which you are seeking appointment?
 YES NO If yes, please explain: _____
3. Please list any education, experience or special knowledge that qualifies you to serve: _____

4. List any civic or community activities in which you have been involved. _____

5. Have you or are you currently serving on another Board or Commission? YES NO
If yes, please list and include approximate dates of service. _____

6. Are you an existing Board/Commission member desiring to remain on the same board? YES NO
7. Have you attended a City Council meeting before? YES NO
8. Have you attended a Board or Commission meeting for which you have applied? YES NO
9. Do you have knowledge regarding the Board/Commission you are applying to serve? YES NO

As an applicant for the City of Hutchins Board or Commissions, your name, address and phone number may be considered public information. Section 552.04 of the Government Code provides for the exclusion of certain information from press and public. All other information will remain confidential.

I have read and understand the instructions and appointment process. I certify the answers I have provided are true and correct to the best of my knowledge and belief and I acknowledge that any misrepresentation or omission of fact may result in disqualification from service.

Signature _____ Date Submitted _____

OFFICE USE ONLY

Date Received: _____ Application Verified by: _____ Forwarded to council: _____
Appointed by council: YES NO Date Appointed: _____
Regular Member: Alternate Member: Full Term: Unexpired Term: Term Dates: _____
Oath of Office on file: _____ PIA Training – Date Completed: _____ OMA Training – Date Completed: _____