



CERTIFIED LOCAL GOVERNMENT PROGRAM
HISTORIC PRESERVATION COMMISSION MEMBER APPLICATION
for the
_____ **CITY OF COBURG** _____ *Historic Preservation Commission*

Name: _____ Telephone Number: _____

Address: _____

Education: Colleges/Universities attended with degrees, areas of study and dates completed:

Occupation: _____

Positions and/or work experience:

Local history/historic preservation activities (publications, committee work, etc.):

Community and other activities:

Signature: _____ Date: _____

For Official Use

Received/Notes: _____

Recommended to City Council: _____ YES _____ NO Date: _____
Approved by City Council: _____ YES _____ NO Date: _____