

APPLICATION

PLANNING COMMISSION

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Name: _____ Phone: _____

Email: _____

Site Address: _____

Mailing Address (if different): _____

Occupation: _____

How long have you lived in Coburg? (or area of influence): _____ Oregon? _____

List boards, councils, or commission experience, if any, that you have served:

List and briefly describe community or service oriented organizations of which you are or have been a member:

Describe any goals, ideas or objectives you have for the City of Coburg:

List any skills, training, or experience that you have that might be useful to the Coburg Planning Commission:

Signature: _____ Date: _____

For Official Use:

Received/Notes: _____

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