

**TOWN OF LAGUNA VISTA
BOARDS AND COMMISSIONS
APPLICATION**

DATE: _____

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY/ZIPCODE: _____

TELEPHONE NUMBERS: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

TITLE: _____

ADDRESS: _____

CITY/ZIPCODE: _____

TELEPHONE: _____ FAX: _____

Name of Board(s) or Commission(s) you wish to serve:

Please list any Boards or Commissions that you currently serve or have in the past.

(Year Appointed)

Special Experience, Knowledge, Skills or Degrees you possess that will benefit this Board/Commission.

What motivates you to serve on a Board or Commission?

Do you have the time to invest and commit to this Board/Commission? _____

Please list involvement in other community activities or organizations?

How long have you been a resident in Laguna Vista? _____

Educational Background:

High School: _____

Vocational/Technical/Trade: _____

College: _____

Other: _____

RETURN FORM TO: info@lvtexas.us
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TOWN OF LAGUNA VISTA
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