

Town of Pomona Park
Better Place Advisory Committee Application

Full Name:

Address:

Phone Number:

Email Address:

Are you a resident of Pomona Park? (Check one)

☐ Yes

☐ No

Why are you interested in serving on the Better Place Advisory Committee? (Use additional sheets if needed)

What skills, experiences, or perspectives would you bring to the committee? (Use additional sheets if needed)

Are there specific projects or improvements you are passionate about? (Use additional sheets if needed)

Do you have any regular scheduling conflicts? (Explain if Yes)

☐ No

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[] Yes

Signature:

Date: