

City of Oberlin, Ohio
Board, Commission, Committee Application

Date: _____

Name: _____

Address: _____

Telephone No.: _____

Board/Commission/Committee of Interest: _____

Have you served on any City Boards/Comissions/Committees before?

_____ Yes _____ No If yes, give names and dates: _____

Are you employed? _____ Yes _____ No

Name of Employer: _____

Address of Employer: _____

Telephone No: _____ Occupation: _____

Can you be contacted at work _____ Yes _____ No

Are you a registered voter? _____ Yes _____ No

On what date would you be available to serve? _____

Background and Special Interests: _____

Signature

Your interest in serving the City is appreciated. Your name will be considered with other applicants as vacancies arise.

Please return completed form to: Council Clerk, 85 S. Main Street, Oberlin OH 44074
Terms are five years by City Charter, unless appointed to fill an unexpired term.

BOARDS

Day Care Center
Hospital
Lorain County Board of Health
Zoning Board of Appeals

COMMISSIONS

Civil Service
Historical Preservation
Housing Renewal
Human Relations
Open Space & Visual Environment
Planning
Public Utilities
Recreation

COMMITTEES

Tax Abatement
CDBG (Citizen's Advisory)
MBE (Advisory)
Senior Citizen's (Advisory)
Resource Recovery Committee
Income Tax Board of Review
ADA
Community Reinvestment Area Housing Council