

Planning Commission Application

* Required

1. Name* _____

2. Email* _____

3. Address* _____

4. Phone number* _____

5. Resident of Wachapreague (CIRCLE ONE) *. Yes No

6. A little about you * _____

7. Why you would like to serve * _____

8. I can commit to monthly meetings on 1st Tuesday and work sessions on 3rd Tuesday (as required)

(CIRCLE ONE) *. Yes No

9. Other (Questions or Comments) _____

