

TOWN OF WOODSIDE



Note - this application is a public document and its contents will be disclosed upon request.

APPLICATION: Planning Commission District _____
 Architectural and Site Review Board

NAME _____ PHONE _____

E-MAIL ADDRESS _____

ADDRESS _____

I have been a resident of Woodside since _____; of San Mateo County since _____.

EDUCATIONAL BACKGROUND

OCCUPATION

BUSINESS ADDRESS _____ PHONE _____

EXPERIENCE IN CIVIC ACTIVITIES

WOODSIDE RESIDENTS QUALIFIED TO COMMENT ON YOUR CAPABILITIES ARE ENCOURAGED TO WRITE A NOTE TO THE TOWN COUNCIL AT: councilmembers@woodsideca.gov AND/OR ATTEND A TOWN COUNCIL MEETING TO SPEAK ON YOUR BEHALF.

STATE YOUR UNDERSTANDING OF THE PLANNING COMMISSION OR ASRB'S PURPOSE.

WHY DO YOU WANT TO BE APPOINTED TO THE PLANNING COMMISSION OR ASRB?

WHAT ARE THE QUALIFICATIONS/STRENGTHS YOU WILL BRING TO THE PLANNING COMMISSION OR ASRB?

Signature

Date

**Please return application form to:
Town of Woodside
2955 Woodside Road,
P.O. Box 620005
Woodside, CA 94062
(650) 851-6790
FAX (650) 851-2195**