

HOME RULE BOROUGH OF EDINBORO

124 Meadville Street
Edinboro, PA 16412
814-734-1812

**ZONING HEARING BOARD
APPLICATION FORM FOR PERSON DESIRING APPOINTMENT-**

1. Name: _____

2. Address: _____

3. Phone: _____

4. E-mail: _____

5. Current or past participation in civic organizations: _____

6. Occupation: _____

7. Have you ever served on a Board or Commission in Edinboro or any other Community?

Yes _____ No _____

If yes, which one _____ where _____

8. Are you willing to be interviewed for this position? YES _____ NO _____

9. What time would be best to meet for the interview _____ a.m. _____ p.m.

10. Please state your reasons for desiring an appointment to the Board/Committee/Commission:

Signature: _____

Date: _____