

City of Wheeler

PLANNING COMMISSION APPLICATION

Name	: Last	First					
Home	Address: Street		Zip Code				
Phone	Number:	Cell Phone:					
Email Address:							
Educational Background:							
Occup	oational Background:						
1.	Do you reside within the City of Wheele	er?	Yes	No			
2.	2. If yes, how long have you lived in Wheeler?						
3.	Do you own property or a business with	nin the City?	Yes	No			
4.	4. If yes, how long have you operated your business in Wheeler?						
5.	The Wheeler Planning Commission regumenth at 7pm. Will you be able to atte	=	on the first To	uesday of each No			

7. Why are y	7. Why are you interested in serving on the Planning Commission?				
8. What do y	8. What do you think are the most important planning issues the City should be focusing on?				
9. What experience do you have that you believe would be valuable as a member of the committee?					
10. What is yo	our vision of Wheeler?				
How would judge Poor	e the City's performance: Adequate	Good	Excellent		
Applicant Signature			Date		
Please submit the	completed application to Wh	neeler City Hall o	or email to maryjohnson@ci.wheeler.or.us.		
If applicable, you will be advised when the City Council will conduct interviews of the applicants. Plan to be present to discuss your application with the Council.					
Thank you for your interest in serving the community!					

6. Please give a brief description of your involvement in community groups and activities.