CITY OF EDGEWOOD
Economic Development
Ad Hoc Committee Application

DATE: _____

Please complete the entire application form and return to City Hall

NAME: _____
LAST FIRST INITIAL

ADDRESS: _____ PHONE: _____

_____
CITY STATE ZIP CODE

E-MAIL ADDRESS: _____ ALT. PHONE: _____

Have you previously served on a City of Edgewood Committee/Commission? ☐ Yes ☐ No
(If yes, please include when and on which Committee/Commission you served)

_____

_____

Are you able to attend evening meetings? ☐ Yes ☐ No **Daytime meetings?** ☐ Yes ☐ No

Please provide a brief summary of your experience and/or training that you believe would add to the success of this ad hoc committee: _____

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