



COMMISSIONER MEMBERSHIP APPLICATION

Please print

Applicant MUST live in city limits

Name: _____

Address: _____

(Please list your physical street address even if you use a PO mailbox)

Email: _____ **Phone #:** _____

If use FB Messenger, what is your username: _____ **Alternate #:** _____

Please note: As a Commissioner, you are representing the City. All posts are subject to review regarding the City. The City reserves the right to review and use disciplinary actions as it sees fits regarding posts/comments that put the City in a bad position.

Do you live within the boundaries of the City of Winfield? **Yes** **No** **P**

Length of Winfield Residency: _____ **Ward #:** _____ **Are you a registered voter:** **Yes** **No**

Occupation: _____

PLEASE NOTE: Computer skills are sometimes required; however, training will be provided when needed.

What will you bring to Planning & Zoning (skills, background, interests, etc.): _____

Are you willing to attend regular meetings on a regular basis? **Yes** **No**

Please note: Sometimes there are may be a need to attend a Public Hearing or Special Meeting.

Is there anything additional that you would like to add? _____

TRAINING: ALL Commissioners are required to attend Commissioner Training as well as any additional training per the City Attorney.

CONFIRMATION: I understand and agree to represent the City, follow the rules as set forth by the City/State & Federal ordinances/statues/laws, understand that the meeting schedule(s) may change and to attend to the best of my ability.

Signature: _____

Date: _____

Return Completed Application to:
City of Winfield **Attn: Mayor (&/or P & Z Chair)**
PO Box 59, Winfield, MO 63389

OR SEND VIA EMAIL: *Email:* _____
TO
PLANNING@WINFIELDMO.ORG

-OR-
OR DROP OFF AT 51 Harry's Way (drop box available)

APPROVED July, 2023

~FOR CITY USE: Date Application Received: _____ Sent to BOA: _____
Notes: _____ BOA Response: _____ Approved _____ Denied _____