

CITY OF HOOD RIVER LANDMARKS BOARD APPLICATION

Name:

Address:

Phone: (Home) _____(Cell) _____

Email:

Resident (check one): City ____ UGA ____ County ____

Occupation:

WHAT IS YOUR INTEREST IN HISTORIC PRESERVATION?

WHAT SKILLS CAN YOU OFFER THE LANDMARKS COMMISSION?

HOW MUCH TIME CAN YOU DEDICATE TO THIS POSITION EVERY MONTH?

ARE YOU AVAILABLE FOR DAY MEETINGS ON THURSDAY?

PLEASE LIST ANY OTHER COMMENTS WHICH WOULD HELP THE CITY COUNCIL
IN EVALUATING YOUR SKILLS FOR THIS POSITION.