

Biographical Sketch
Applicant for Historic Preservation Commission

NAME: (Mr. Mrs. Ms. Dr. *please circle one*):

ADDRESS:

WORK PHONE NUMBER WORK: ()

HOME PHONE NUMBER: ()

EMAIL ADDRESS:

INTEREST IN LOCAL HISTORY AND HISTORIC PRESERVATION (Describe education, employment, memberships, publications, and/or other activities which indicate your interest in and commitment to historic preservation; or provide a statement detailing your interest in local history and commitment to historic preservation; use extra sheets if necessary)

EDUCATION:

EMPLOYMENT:

INTEREST:

While serving on the _____ Historic Preservation Commission, I will work to insure that the commission enforces the Historic Preservation Ordinance/Resolution; upholds the CLG Agreement with the State of Iowa, and works in compliance with the Secretary of the Interior's Standards for Archaeology and Historic Preservation.

Signature

Date