



Town of Keenesburg
91 W Broadway Avenue
Keenesburg, CO 80643
Phone: 303-732-4281 Fax: 303-732-0599
www.townofkeenesburg.com

Date Received: _____

Received By: _____

Application for: ☐ Board of Trustees ☐ Planning Commission

☐ Other: _____

Full Name: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____ Mobile: _____

E-mail: _____

Occupation: _____

Employer: _____

Qualifications

1. U.S. Citizen
2. 18 years of age
3. Resident of Keenesburg for 12 consecutive months
4. Registered elector
5. Must maintain residence through the term of appointment

Length of Residency: _____

Please list any civic responsibilities:

Are you familiar with the Town of Keenesburg's Ordinances or master plans related to the board for which you are applying? _____

Are you related to any employee, appointed or elected official of the Town of Keenesburg? Please list: _____

Do you have any conflicts with the scheduled meeting dates? _____

Signature

Date