

City of Alamosa
POB 419
Alamosa, CO 81101

Application For Historic Preservation Advisory Board

Applicant Name: _____ Date: _____

Street Address: _____

Mailing Address: _____

Phone Number: (home) _____ (office) _____

Email: _____

Are you employed by the City of Alamosa, or have you been employed within the past 12 months? _____ Yes _____ No

Are you related to any City employee? _____ Yes _____ No

Do you currently hold any elected or appointed office for the City of Alamosa?
_____ Yes _____ No

How long have you lived in the City of Alamosa? _____

Board or Commission you are applying for: _____

Why do you want to serve on this Board or Commission? _____

Do you have any special qualifications for this Board or Commission? If so, please describe.

Since most Board and Commissions meet in the evenings, what evenings are you available to serve?

Monday _____ Wednesday _____ Friday _____

Tuesday _____ Thursday _____

Signature of Applicant: _____