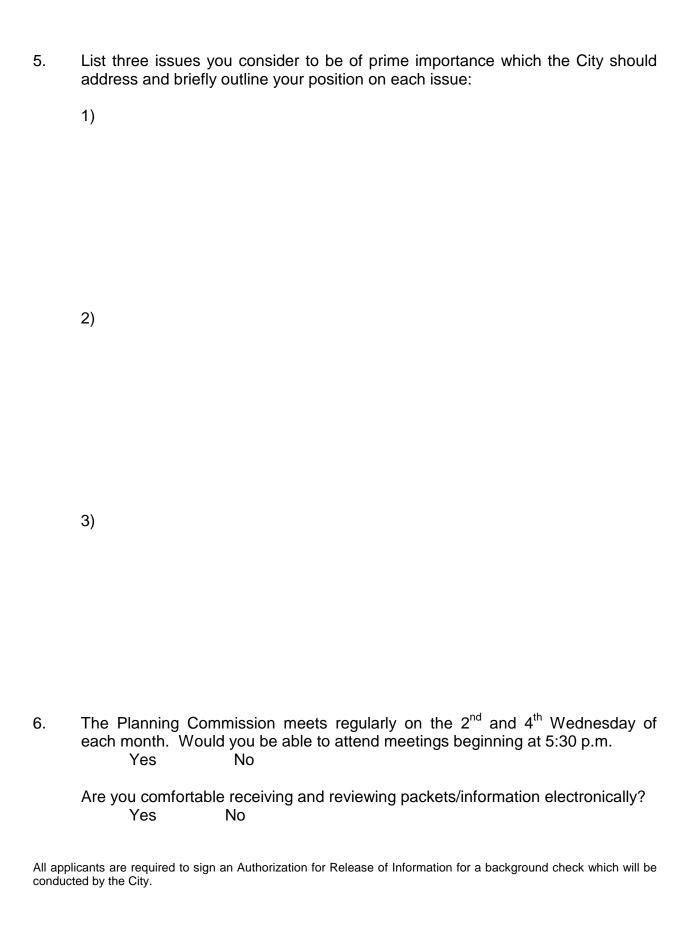
PARK CITY MUNICIPAL CORPORATION APPLICATION FOR APPOINTMENT TO

PLANNING COMMISSION

Name:						
Addres	ss:					
		mailing			street	
Teleph	none:	Residence		Office		
		E-mail				
1.	How I	long have you lived withir	n the City	/ limits of Pa	rk City? ye	ears
	List a Munic	ny previous involvement cipal.	you hav	e had in you	ur community or w	ith Park City
3.	What	would you perceive as the	ne missio	on of the <u>Pla</u>	nning Commission	<u>.</u> ?
4.		specific skills and/or exps board or commission?	erience	will you brin	g to enhance the e	ffectiveness



AUTHORIZATION FOR RELEASE OF INFORMATION

	, have made application for a position with the, and it is my understanding that a
further my understanding tha	of my background will be conducted in connection with my application. It is any history adversely reflecting on my qualifications for service on this asy be cause for disqualification for appointment, or my dismissal upon due
representative of the Police I comprehensive investigation not necessarily limited to, ora hereby authorize a review ar any authorized representativ are public or private, including	Police Department and/or City Attorney's Office, or duly authorized epartment and/or City Attorney's Office, the authority to conduct any of my background the City Attorney's Office deems necessary, including but discussions with any person concerning my background. Also, generally, I full disclosure of all records, or any part, thereof, concerning myself by/to of the Police Department and/or City Attorney's Office, whether said records those which may be deemed to be a privileged or confidential nature. In he full and complete disclosure of any and all records pertaining to criminal
Office as an authorized ager	ed representative designated by the Police Department and/or City Attorney's for me for the purpose of inspecting any arrest records information ement agency concerning me.
bearer of the Authorization for	Is discussed herein, I hereby direct you to release such information to the Release of Information or a copy thereof. A copy of this release form will even though that copy does not contain an original writing of any signature.
City, including any of their ag of liability or damage of what associates, personal represe custodian or custodians with for this release or because o	n or custodians of such records and the Police Department or the city of Park ents, employees or representatives in any capacity, from any and all claims ver kind or nature which any time could result to me, my heirs, assigns, stative or representatives of any nature because of compliance by said his Authorization of Release of Information and my request contained herein any use of these records by the Police Department or the city of Park City. In the future, on me, my heirs, assigns, associates, personal ves of any nature.
Applicant's Signature	Date
Subscribed and sworn to bef	re me this day of, 20
	Notary Public