CITY OF DUNCAN BOARDS AND COMMISSIONS APPLICATION FOR APPOINTMENT

NAME:			_
ADDRESS:			
PHONE:			
Please consider my name for appoir	ntment to the following	Board(s) or Commission(s).	
Airport Commission Airport Zo	ning BoardBoard of	of Adjustment City Council	
Duncan Industrial Authority Du	ıncan Emergency Medic	cal Services Board	
Duncan Regional Hospital Board	Duncan Regional Ho	ospital Board of Trustees	
Lakes Commission Library Box	ard Main Street Du	uncan Planning Commission_	
Parks & Recreation Advisory Board	Waurika Master	Conservancy District	
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I have lived in Duncan for:			
1-5 years	5-10 years	10-15 years	
15-20 years	20-25 years	More than 20 years	
Background:			
I feel I would be an asset to the above	e Board or Commission	on because:	

^{***}NOTE: Applicants must live within the City limits of Duncan, Oklahoma to be eligible for appointment.