



# CITY OF COACHELLA

## PLANNING COMMISSION APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PLEASE CHECK APPLICABLE BOX(ES):

☐ COACHELLA RESIDENT

☐ BUSINESS PERSON IN THE COMMUNITY

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

TELEPHONE OF EMPLOYER: \_\_\_\_\_

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**PLEASE FURNISH BRIEF RESPONSES TO THE QUESTIONS BELOW:**

1. Why do you think you should be appointed? What is there specifically in your background, training, education and interests that qualifies you as a candidate?

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2. What do you see as the goals and objectives of the Commission? How would you help achieve these objectives and goals?

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3. What special qualities can you bring to the Commission?

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4. Do you have any questions or comments about the Commission's structure or functions?

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5. Other comments and/or ideas as to how you as a member of the Planning Commission could benefit the City of Coachella.

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Signature

Date

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**PLEASE MAIL OR RETURN IN PERSON THIS COMPLETED APPLICATION TO:**

Office of the City Clerk  
City of Coachella  
1515 Sixth Street  
Coachella, CA 92236