



## CITY OF HENDERSON BOARDS AND COMMISSION APPLICATION

Select Boards or Committee's you are interested in serving on:

Board of Adjustments    Cemetery    Main Street    Planning & Zoning    Preservation

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Number of years as a Henderson resident: \_\_\_\_\_ City Limits? Yes( ) No( )  
List previous address if at current address less than 12 months: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business Email: \_\_\_\_\_

Previous Board or Committee Experience:

\_\_\_\_\_

Briefly state why you would like to be appointed to the Board or Commission selected and experience: \_\_\_\_\_

\_\_\_\_\_

Recognizing that serving on a Boards or Commission is often time consuming, most meet on a monthly basis, are you committed to attending all regularly scheduled meetings? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed applications to the office of the City Secretary:  
Cheryl Jimerson, City Secretary, 400 West Main Street, Henderson, Texas 75652  
Fax (903) 657-7327 or by Email: [cjimerson@hendersontx.us](mailto:cjimerson@hendersontx.us)**

**FOR OFFICE USE ONLY**

Date Application Received: _____	New Applicant: Yes ( ) No ( )	Reappointment: Yes ( ) No ( )
Applicant interviewed by Board: _____	Interviewed by Council: _____	Appointed by Council: _____
Term Expires: _____	No appointment made at this time, retain application for 1 year: _____	
Statement of Oath completed and filed: _____	Open Meetings Training completed and certificate filed: _____	

**CITY OF HENDERSON**  
**BOARDS AND COMMISSION APPLICATION**  
**PART 2**

**TEXAS GOVERNMENT CODE SECTION 552.024**  
**PUBLIC ACCESS OPTION FORM**

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information.

This form should be completed and signed by elected or appointment officials no later than the 14<sup>th</sup> day after the date the public official is appointed or elected.

	PUBLIC ACCESS?	
	NO	YES
Home Address		
Home Telephone Number		
Information that reveals whether you have family members		

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_