



cityofhogansville.org

City of Hogansville
400 East Main Street
Hogansville, Georgia 30230
Phone 706-637-8629
Fax 706-637-4813

Nomination Form

Board, Authority, Committee

Date: _____

1. Name: _____
2. Address: _____ City: _____ Zip: _____
3. Business Address: _____
4. Business Phone: _____ Home Phone: _____
5. How long have you been a resident in Hogansville? _____ Years _____ Months
6. Are you current with all your financial obligations to the City of Hogansville? _____
7. Are you willing and able to attend training sessions on-site/off-site if provided? _____
8. Are you able to meet the attendance requirement? _____
9. What is your current occupation? _____
10. How long have you been at this occupation? _____
11. Give the name and address and type of activity for any business or corporation in which you or a spouse or an immediate family member are an owner or officer.

12. Briefly explain why you seek this appointment: _____

12. Civic Activities: _____

13. Do you currently serve on any other Board, Authority or Committee of which the members are appointed by the City of Hogansville City Commission? _____ If yes, please identify. _____

(Please attach any additional information you feel is pertinent)

Signature: _____