



CITY OF STATESBORO  
**TREE BOARD**

**APPLICATION FOR APPOINTMENT**  
*(PLEASE PRINT OR TYPE)*

**Name:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Alternate Phone Number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Statesboro City District (Circle One) 1 2 3 4 5 or County Resident** \_\_\_\_\_

**Are you presently serving on any City or County Boards or Commissions? Yes / No**

**If yes, please list:** \_\_\_\_\_

**Please state why you would like to serve as a member of the Tree Board.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please explain your area of interest within the Tree Board.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any interests or associations, which may present a conflict of interest? If, yes please elaborate.**

---

---

---

**Knowledge/Education, skills and/or abilities that you would like considered. (Resumes or any other applicable documentation can be attached, please limit to no more than 2 pages)**

---

---

---

**Are you willing and able to attend meetings on a regular basis? Yes / No**

**If you are not appointed to the board, are you interested in being contacted for other opportunities to serve in the City? Yes / No**

**I hereby certify that the information provided in this application to be accurate.**

**Signature:\_\_\_\_\_ Date:\_\_\_\_\_**

**Submit completed application to: The office of the City Clerk in person at City Hall or by email to [leah.harden@statesboroga.gov](mailto:leah.harden@statesboroga.gov).**

*Please note: submission of this application does not guarantee an appointment.*