



Application for Board of Adjustment

Name: _____
Address: _____
Date of Birth: _____
Home Phone: _____
Business Phone: _____
Cell Phone: _____
E-mail Address: _____
Occupation _____

Employment Background:

Reasons you feel you are qualified to serve on the Board of Adjustment
(Related background, interests, special skills or education, etc.):

Please return this completed form to:

City Clerk's Office
Room 402
200 N. Second Street
St. Charles, MO 63301
Or fax to: (636) 949-3286