

CERTIFIED LOCAL GOVERNMENT PROGRAM
HISTORIC PRESERVATION COMMISSION MEMBER FORM
for the
_____ *Historic Preservation Commission*

1. Name: _____ Date: _____

2. Address: _____

3. Telephone Number: _____

4. Education: Colleges/universities attended with degrees, areas of study and dates completed.

5. Occupation: _____

6. Positions and/or work experience:

7. Local history/historic preservation activities (publications, committee work, etc.)

8. Community and other activities:

