



City Council Appointed Advisory Body Application

Advisory Body Preference 1: _____

Advisory Body Preference 2: _____

Full Name: _____ City Resident: _____ years

Residential Address: _____

Primary Phone: _____ Mobile Phone: _____ Date of Birth: _____

Driver's License State/Number: _____ Personal Email: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Experience or special knowledge applicable to the Copperas Cove Advisory Body function:

Civic Activities and/or Professional Affiliations:

