HOMEPAGE

DASHBOARD

MODULES

SHANNON M

-

HELP

FORM VIEW SITE	CENTER					
MAIN	FIELD SETS	LEGACY FORMS	S PROPERTI	ES	PERMISSIONS	
ВАСК	PRINT					SAVE CHANGES
	Contact Us ► Applicat				opportunities are	CANCEL
offered by the information or	Town of Bartonville w disability	Form Details				
						Submitted By:
Date & Time						Submitted On: October 23, 2023 11:04 AM
10/23/2023						IP Address: 47.185.183.166
10:45 AM						Referrer: https://www.townofbartonville.com
						Answered 20 of 25 (80.0%)
First Name *			Last Name *			
Jennifer			Buck			
Address1 *						
175 Porter Rd	l					
City *			State *	Zip	*	
Bartonville			Texas	76	5226	

Phone Number \*

		HOMEPAGE	DASHBOARD	MODULES	SHANNON M	HELP
Email Address						
jennifer@luminousglowme	dspa.com					
Are you a registered	Voter Registration Nu	mher				
voter*	1091631413	ilibei				
○ Yes ○ No	1051051115					
	To verify your voter www.votedenton.cor					
Length of Residency in B	artonville *					
8						
In order to serve as an ap order to serve on the Plan	ning and Zoning Comm	ission or Board o				
property owner of the Tov	vn for a least six months	•				
Please select which board	d(s) you are interested in	. If more than one	e, prioritize your sel	ections using the		
choice options below as a	applicable.					
Choice 1 *		Choice 2				
Community Development	Corporation 🗸	Select	One	~		
Chaine 2		Chaire				
Choice 3		Choice 4	0			
Select One	~	Select	Une	~		

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Business' owner					
List any experience that qualifies you to serve in	the nosition(s) so	ught:			
	ine position(s) soc	ugiit.			
Being a business owner, in this community					
Are you currently serving on a Board, Commission	ns, or other capac	city?*			
○ Yes					
○ No					
If yes, which					
Crime					
Chine					
Have you served on a Board, Commission, or Cor	mmittee before?*				
<ul><li>Yes</li><li>No</li></ul>					
If yes, which					
Crime					
Please list organization memberships and positio	ns held				

Please List Areas of Special Interest

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R	eferences						
	Mrs. Carrington Brenda Latham						
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