CITY OF CARTERSVILLE

City Board/Commission Application Form

Applicant Information								
Name	David (last)				Elder (first)			A (middle initial)
Address 12 Green Street, Cartersville, GA 30120 (street)								
Email Ad	ddress							
Home Phone		N/A			Cell Phone			
City Resident		Yes	X	_No		-	Ward	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Related Experience: Civic/Business/Other								
Personal References (list at least 3)								
			Perso	nal Refe	erences (I	ist at least	3)	
Kelley Dial Barry Henderson Dee Bishop			Tim Morrison					
Position Information								
Board/C	ommissio	on applyi	ng for:	Historic Pre	servation Com	nmission		
		-	tion (pleas	-	-	-	c district and	going through the renovation
							ration comm	ission. I would welcome the
opportunity	to learn whil	e serving an	d giving back t	o my nometo	own communit	у.		
DAVID ELDER							Augus	t 21, 2022
Applicant Signature					_	Date		

Thank you for your interest in serving our community