

Hartford Township, Licking County

Zoning Board or Zoning Appeals Board Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Position Applied for: _____

Are you a citizen of the United States? YES NO

Are you a resident of Hartford Township for at least one year from date of application? YES NO

Are you a registered voter? YES NO

Are you available evenings? YES NO

Reason for interest in applying _____

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to appointment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____