



CLINTON
South Carolina

Design Review Board Member Application

Date _____

Name _____
First MI Last

Residence

Address _____

Phone _____ E-mail _____

Do you live within the corporate limits of the City of Clinton? Yes No

Employer

Name _____

Your title _____

Address _____

Phone _____ E-mail _____

Type of business or organization _____

Preferred method of contact () Work () Residence

Education/Training/Certificates

Education or Expertise that may benefit as a Board Member

Please tell us anything else you'd like to share.

Thank you very much for applying