

**PARK CITY MUNICIPAL CORPORATION  
APPLICATION FOR APPOINTMENT TO**

**HISTORIC PRESERVATION BOARD**

Name:

Address:

mailing



street

Telephone: Residence

Office

E-mail

1. How long have you lived within the City limits of Park City?  
\_\_\_\_\_ years
2. How have you previously been involved in your community/Park City Municipal Corporation?
3. What would you perceive as the mission of this board?
4. What specific skills and/or quality will you bring to enhance the effectiveness of this board or commission?

5. List three issues you consider to be of prime importance which the City should address and briefly outline your concern and position on each issue:

1)

2)

3)

6. The Historic Preservation Board meets regularly on the 1<sup>st</sup> Wednesday of each month. Would you be able to attend meetings beginning at 5:00 p.m.

Yes

No

Are you comfortable receiving and reviewing packets/information electronically?

Yes

No

All applicants are required to sign an Authorization for Release of Information for a background check which will be conducted by the City.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, have made application for a position with the \_\_\_\_\_, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. It is further my understanding that any history adversely reflecting on my qualifications for service on this Board by such investigation may be cause for disqualification for appointment, or my dismissal upon due consideration of the facts by the City Council.

I hereby give to the Park City Police Department and/or City Attorney's Office, or duly authorized representative of the Police Department and/or City Attorney's Office, the authority to conduct any comprehensive investigation of my background the City Attorney's Office deems necessary, including but not necessarily limited to, oral discussions with any person concerning my background. Also, generally, I hereby authorize a review and full disclosure of all records, or any part, thereof, concerning myself by/to any authorized representative of the Police Department and/or City Attorney's Office, whether said records are public or private, including those which may be deemed to be a privileged or confidential nature. In particular, I hereby authorize the full and complete disclosure of any and all records pertaining to criminal and employment background.

I hereby appoint any authorized representative designated by the Police Department and/or City Attorney's Office as an authorized agent for me for the purpose of inspecting any arrest records information maintained by any law enforcement agency concerning me.

To the custodian of the records discussed herein, I hereby direct you to release such information to the bearer of the Authorization for Release of Information or a copy thereof. A copy of this release form will be valid as an original hereof, even though that copy does not contain an original writing of any signature.

I hereby release the custodian or custodians of such records and the Police Department or the city of Park City, including any of their agents, employees or representatives in any capacity, from any and all claims of liability or damage of whatever kind or nature which any time could result to me, my heirs, assigns, associates, personal representative or representatives of any nature because of compliance by said custodian or custodians with this Authorization of Release of Information and my request contained herein for this release or because of any use of these records by the Police Department or the city of Park City. This release is binding, now and in the future, on me, my heirs, assigns, associates, personal representative or representatives of any nature.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public