



TOWN OF HUDSON

50 S. Beech St, P.O. Box 351, Hudson, CO 80642
Phone: (303)536-9311 Fax: (303)536-4753
www.hudsoncolorado.org

Application for: Town Council Planning Commission Board of Adjustment
(Check the box of the position you are applying for)

Please note the position you are applying for: _____

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

Home Phone Number: _____ Mobile Number: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Qualifications for Town Council Position:

1. U.S. Citizen
2. At least 18 years of age
3. Resident of Hudson at least 12 consecutive months
4. Registered elector
5. Must maintain residents throughout the term of the appointment

Length of Residency: _____(Years) _____(Months)

Please list any specialized business skill or education:

Please list any civic activities:

Are you familiar with any ordinances or master plans relating to the particular board for which you are applying? _____

Are you related to any employee, appointed or elected official of the Town of Hudson Government? _____

Do you have any personal conflicts with the meeting schedule of the board you are applying for? _____

Signature _____

Date _____

For office use

Receival: Date _____ Time _____

Received By: _____