

**CITY OF SEWARD, ALASKA  
APPLICATION FOR THE  
SEWARD HISTORIC PRESERVATION COMMISSION**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

[The Historic Preservation Commission consists of seven residents of the City of Seward and general Seward area spanning from Lowell Point to the Tern Lake Junction on the Seward Highway. At least 4 of the 7 seats on the commission shall be filled by residents inside Seward city limits]

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

LENGTH OF RESIDENCY IN THE SEWARD AREA: \_\_\_\_\_

List any special training, education or background such as grant writing, history, architecture, or archeology, which may help you as a member of the Commission:

Have you ever been involved in any aspect of historic preservation?      Yes      No  
If so, briefly describe your involvement:

I am specifically interested in serving on the Historic Preservation Commission because:

Have you ever served on a similar commission elsewhere?      Yes      No  
If so, where? \_\_\_\_\_ and when? \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (Sign or Type your Signature)

\_\_\_\_\_  
DATE