



STORMWATER COMMITTEE APPLICATION

Name:

Age:

E-mail:

Mailing Address:

Phone Number:

Phone Number Type:

Residency:

Duration of Residency:

Please complete the following questions:

Do you own land in Lebanon? Yes No

Do you develop land in Lebanon? Yes No Type of Development:

Are you a student? Yes No If so, where:

Do you own, operate, or represent a business in Lebanon? Yes No

Have you ever been affected by stormwater on your property? Yes No

Are you a teacher in the field of science or agriculture? Yes No

Are you a surveyor or engineer? Yes No

List any non-profit organizations you are a member of:

Additional Comments: