Washoe County Community Service Application

Please complete the following application to indicate your interest in a position on a Washoe County Board or Commission. Your application will be kept on file for 12 months. You will need to reapply after that time if you still wish to be considered for a position.

Name: Philip Horan	i anning	Commission	
Name: Phillip Horan			
	2		
	Residential	Home Address	
Address: 723 Cristina Drive			
City: Incline Village	State: №	Zip): 89451
Assessor's Parcel Number	if known:		
Home Phone: 775-831-5186		Cell Phone: 775-544-6561	
E-mail: pjhoran33@gmail.com		and the second section of the section of the second section of the section o	wice with the state of the stat
Mailin	g Address (if different	from residential hom	e address)
Address:			
City:	State:	Zip):
L.I. T'IL	Occupation and	Business Address	
Job Title: Retired			
Business Name:	1)		
Address (Street and/or P.C	D. Box):		
City:	State:	Zip);
Assessor's Parcel Number	if known:		
Business Phone:			
E-mail:			
		117	
		ered Voter	
Are you registered to vote	IN ICOL		Yes No
	ty Commission requires		
	to vote) to be considered	The same of the sa	
This requirement	may be waived on a case	-by-case basis by the Co	ounty Commission.
How long have you lived in	n your area? (Years/Mor	nths) 17 years 2 mnths	
How long have you lived in	n Washoe County? (Year	s/Months) 17 years 2 months	
Have you ever been convi	cted of a felony or misde	meanor other than min	nor traffic violations?

Washoe County Community Service Application Page 2

I am completing my first 4 year term on the Planning Commission and would like to continue my service on the Board.
Describe your qualifications for this appointment, including, but not limited to your educational
background, professional background and awards/honors. My executive management experience provides the background to make the kind of decisions required of the Planning Commission. I believe that my first term on the commission has demonstrated my ability to work well with applicants and county staff and make quality decisions based on the facts presented.
List your community and/or civic involvement history.

Please list the name and phone number of any personal references that we may contact.

Washoe County Community Service Application Page 3		
Please attach any additional information you wish.		
I understand the role and responsibilities of membership on this board or commission and am willing to serve. If appointed, I will attend required meetings and training and will adhere to pertinent bylaws. I understand that some appointments require a Financial Disclosure Form to be submitted to the Nevada State Ethics Commission. I certify that, to the best of my knowledge, the information I have provided in this application is true and correct. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal. Signature: Date:		
PLEASE RETURN THE APPLICATION TO:		
Washoe County Planning and Building P.O. Box 11130, 1001 E. Ninth Street, Reno, NV 89520-0027 Phone: (775) 328-3615 FAX: (775) 328-6133; Email: kemerson@washoecounty.us		
Date Received: Commission District:		
Appointed to: Date of Appointment:		

Thank you for your interest in Washoe County Government!

This document is part of the public record and is available for public review.