

I am interested in continuing to serve on the following board/commission.

Board of Equalization			
As an applicant/member of a Council-appointed Board or Commission, your name, address, and phone number will be available to the press and public. Information will be kept on file for three years. Public discussion of information contained herein may occur in the meeting at which appointments are considered by the City Council.			
⊠Mr. □Mrs. □Ms. □Miss. □Dr.		(Please type or print clearly)	
Name: Eagle (Last)	Rodney (First)	L (M.I)	Date : Nov. 17, 2015
Home Address: 1500 Apple Ridge C	ourt, Harrisonburg		Zip Code : 22801
Phone Number: 540-810-9999 Alternate Phone: 540-442-1212			
Occupation: self employed Employer/Organization: self employed			
E-mail: eagleinc@comcast.net Harrisonburg resident for 79 years.			
How many years have you served: How many terms have you served:			

Additional comments:

I enjoy my work on the board of equalization. It continues to be an honor to serve the City of Harrisonburg in that capacity. Thank you for your consideration of my request to be re-appointed.