Eatonton DDA Application

1. **Name:**_____
2. **Are you a resident of the City of Eatonton? Yes_____ No_____**

   How long have you been a resident of the City of Eatonton? _____
3. **Address:**_____

   City, County, State, Zip:_____
4. **Telephone: Daytime**_____ **Evening**_____
5. **Email address:** _____
6. **Are you a business owner in the City of Eatonton? Yes_____ No_____**
7. **Business Name:**_____
8. **Business Address:**_____

   City, County, State, Zip:_____
9. **How long has the business been licensed by the City?**_____
10. **Where are you currently employed?**_____

    Position:_____ **How long employed there _____**

    Business Address:_____

    City, County, State, Zip:_____
11. **On another sheet of paper describe your Vision for Downtown Eatonton.**
12. **Please list any Special skills or experiences you feel would benefit the Authority.**

I have read and understand this application. I further understand that board training will be required of me within one year of appointment. I am willing to attend Authority events and meetings. I make a commitment to the revitalization of Downtown Eatonton.

_____ _____

Signature **Date**