

LANCASTER COUNTY BOARDS & COMMISSIONS  
APPLICATION FOR SERVICE



Name DAVID A COX County Council District \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Zip Great Falls 29055

Street Address \_\_\_\_\_ Registered Voter yes ☒ no ☐

Tel. Number (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation Retired Place of employment Retired

Address \_\_\_\_\_ Normal working hours \_\_\_\_\_  
(most meetings are scheduled after 6:00 pm - lack of attendance can be reason for replacement on a commission)

Name of Board or Commission in which you are interested \_\_\_\_\_

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

3rd choice \_\_\_\_\_

Reason for interest \_\_\_\_\_

Why do you feel you are qualified to serve on these boards? In addition, note education, areas of expertise, skills & interests. (continue on separate sheet if needed)

23A for City of Lancaster 27 YEARS  
HAVE unlimited Contracting  
Construction Manager

Do you presently serve any State, County or Municipal Boards? Yes If yes, list \_\_\_\_\_

Have you ever served on a county board? \_\_\_\_\_ If yes, list \_\_\_\_\_

Additional pertinent information \_\_\_\_\_

Applicant's signature [Signature] Date 5/6/2024  
Receipt of application does not guarantee an appointment. Applicants will be notified of appointments by mail.