

# TOWN OF SHELBY

2800 Ward Avenue  
La Crosse, WI 54601



COUNTY OF LA CROSSE  
STATE OF WISCONSIN

## PLANNING COMMISSION APPLICATION

The Town of Shelby depends upon citizen participation, service and input. Planning Commissioners play a vital role in the shape of the Town and are an important element in achieving the Town's goals. The Planning Commission performs duties and exercise power and authority with regard to planning, subdivisions, zoning, residential development, and other land use regulatory controls as prescribed by ordinance and state law. The Commission serves as an advisory body to the Town Board.

The Commission consists of 7 voting members including one from the Town Board. Six Non-Board Member terms are 3 years in length and staggered. Town Board member term is one year. There are no term limits.

Currently, the Planning Commission meets monthly every 3<sup>rd</sup> Thursday at 4:30pm at the Town Hall. Additional meetings may be called as needed.

Applications should be filled out completely so that the Town Board may fully evaluate your qualifications. You may attach extra sheets if needed. It is the responsibility of the applicant to familiarize themselves with the duties and responsibilities of the position applied for.

You must be a resident of the Town of Shelby and a registered voter of the Town in order to serve on the Planning Commission.

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

New Appointment: \_\_\_\_\_ OR Re-Appointment \_\_\_\_\_

Do your work hours allow for you to attend the meetings as currently scheduled?  
YES / NO

Have you served on a Government commission or committee before? YES / NO  
If yes, which one and when: \_\_\_\_\_

Summarize why you wish to serve on the Planning Commission, include any special qualifications or education which are particularly appropriate to the

position of Planning Commissioner, such as development, construction, etc:

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What do you see as the objectives and goals of the commission?

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How would you help to achieve these objective and goals?

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Do you or immediate family members have any relationship (professional, financial, other) that may present a potential conflict of interest?

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### Disclosure and Regulatory Requirements

**Conflict of Interest** - A Statement of Economic Interest Form ETH-2 is required for this position; the form must be filed with the Clerk within 30 days of beginning service. The Clerk will provide the appointed who must file with a form and instructions.

**Attendance / Duties** - Commission members are required to attend meetings on a regular basis and devote the time necessary to fulfill the duties. A member will be removed if the member has more than three (3) unexcused absences consecutively.

**Ethics Review** - Commission members shall follow WI. State Statues 19.59 the Code of Ethics for local government officials, and not discriminate based on sex, color, ancestry, disability, marital status, race, creed (religion), age (40 or over), use of lawful products, arrest/conviction, honesty testing, national origin, pregnancy or childbirth, sexual orientation genetic testing, military service, or declination to attend or participate in any communication about religious or political matters, or any other class or characteristic protected by state or federal law.

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Signature

Date



## Request to Examine Statements of Economic Interests

Your name		Telephone number	
Email Address			
Street address	City	State	Zip code

I am making this request solely on my own behalf, independent of any other individual or organization.

OR

I am making this request on behalf of the individual or organization below.

Requested on behalf of the following individual or organization		Telephone number	
Street address	City	State	Zip code

Name of individuals whose Statement are requested	State agency or office held, or position sought	Year(s) Filed (Each SEI covers the previous calendar year)	Format Requested	
			Electronic	Printed

Continue on the next page and attach additional pages as needed.

Wis. STAT. §§ 19.48(8) and 19.55(1) require the Ethics Commission to obtain the above information and to notify each official or candidate of the identity of a person examining the filer's Statement of Economic Interests. I understand that use of a fictitious name or address or failure to identify the person on whose behalf the request is made is a violation of law. I understand that any person who intentionally violates this subchapter is subject to a fine of up to \$5,000 and imprisonment for up to one year. Wis. STAT. § 19.58(1). In accordance with Wis. STAT. § 15.04(1)(m), the Wisconsin Ethics Commission states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

**FEES:** Statements are \$0.15 per printed page (statements are at least four pages, plus any applicable attachments), and electronic copies are \$0.07 per PDF file. Generally, the Commission will not charge for statements unless the total amount is \$25.00 or more. However, if extensive staff time is required to locate the requested records, the Commission reserves the right to charge for that time at a rate of \$30.00 per hour.

Signature		Date	
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FOR ETHICS COMMISSION STAFF USE ONLY			
	No Charge	x \$0.00	\$
	____ Electronic SEIs Requested	x \$0.07	\$
	____ Printed SEI Pages Requested	x \$0.15	\$
<b>Total Charge</b>			<b>\$</b>
SEIs sent to requestor(s) on: _____		Notice sent to filer(s) on: _____	

