



10 Municipal Drive  
Sugar Grove, Illinois 60554  
630-466-4507 phone  
630-466-4521 fax

**Architectural Committee applicant questionnaire**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

No. of Years a resident: \_\_\_\_\_

Current employer: \_\_\_\_\_

What is your educational background, which will promote your interest or expertise in the field.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Please describe your past experience(s) which promote your interest or expertise in this field.

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