



CITY OF MADISON, INDIANA
P.A.C.E. Preservation & Community
Enhancement Grant Program

COMMITTEE MEMBER APPLICATION

RETURN COMPLETE APPLICATION TO:

City of Madison, Office of Planning and Preservation
101 W. Main Street, Madison, IN 47250

Applicant's Name _____

Mailing Address _____

Phone: _____

Email: _____

Please describe why you are interested in serving as a member of the P.A.C.E. Review Committee:

Additional supporting information is attached.

_____ (applicant initials) Applicant has read, understands, and agrees with the terms of the
P.A.C.E. program guidelines as well as the P.A.C.E. Program Ordinance.

Applicant(s) Signature

Date