

City of Asheville
BOARDS & COMMISSIONS
Application Form

Applicants are strongly urged to attend several meetings of a board prior to applying

Name of board or commission: Urban Forestry Commission

Your name: Alex Kirby Home Phone #: 828 333 2034

Street address: 26 Bearden Ave City: Asheville Zip Code: 28801

Mailing address (if different): _____

Employer: Self

Your position: Clinical Psychologist Office Phone #: 828 333 2034

Resident of City Asheville County Bunc Race C * Gender Identity: (non-trans) man *

Are you a Homeowner or a Renter? * Homeowner Age: 58

Residence location (check one): Central _____ North ☒ South _____ East _____ West _____

Are you aware of any potential conflicts of interest that may arise during your service on this board (i.e., property interest, business interest, etc.)? If so, please explain: _____
_____. Potential conflicts of interest do not preclude appointments.

Please indicate the area(s) of expertise that you can bring to the above board(s), and then in detail list education, experience, reasons for your interest, and other factors that support your interest in serving **Applicants are encouraged to provide a cover letter and/or a brief resume. Please use additional sheets if necessary.**

Sept 5, 2022
Alex Kirby, Psy.D.
26 Bearden Ave
Asheville, NC 28801
828.333.2034
alex@alexkirbypsychd.com

City Clerks Office
PO Box 7148
Asheville, NC 28802

Dear City Clerk,

As a long-time resident of Asheville I've always appreciated the urban canopy of trees that brings beauty, provides shade, fixes carbon and generally makes our city very habitable. More recently, I've reflexively begun to notice areas, large and small, that could benefit from trees, and identified large swaths of trees that are at risk of being felled to make room for Asheville's rapidly growing population, and development generally.

Return to:

City Clerk's Office
PO Box 7148
Asheville, NC 28802-7148

Email: boards@ashevillenc.gov
Telephone: 259-5839
Fax #: 259-5499

Signature: 
Key: dF76721a9fe98f4d2aa1f402f0fc5878

Date: 9/5/22

E-Mail: alex@alexkirbypsychd.com

Fax #: _____

* This information is requested for the sole purpose of assuring that a cross section of the community is appointed.