

TOWN OF CARBONDALE

APPLICATION FOR APPOINTMENT OR REAPPOINTMENT TO TOWN ADVISORY BOARDS AND COMMISSIONS

THIS IS AN APPLICATION FOR APPOINTMENT _____ REAPPOINTMENT _____

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

STREET ADDRESS OF RESIDENCE: _____

TELEPHONE: (Work) _____ (Home) _____

OTHER PHONE: _____ E-MAIL: _____

INDICATE WHERE YOU WOULD LIKE YOUR AGENDAS AND INFORMATIONAL
MATERIALS DELIVERED:

(If you are seeking reappointment, it is only necessary to fill in your name and those
informational items which have changed since you were last appointed.)

BOARD OR COMMISSION FOR WHICH (RE) APPOINTMENT IS SOUGHT:

NEW APPOINTMENT ONLY:

Describe any special knowledge, abilities, background or interests which you feel will provide a
positive contribution to the goals and purposes of the board or commission for which you are
seeking appointment. (Attach resume if desired or use an extra sheet of paper if necessary.)

Signature

Date

CONGRATULATIONS! The _____ has
appointed you to the _____ by official
action taken on _____. Your term will expire _____.

We greatly appreciate your interest and participation in the municipal government
process.

Mayor and Board of Trustees
Town of Carbondale
