## **APPLICATION FOR TOWN SERVICE**

Appointment to any Town Board, Commission, or Council requires Town citizenship.

| Please check the b   | oox of the group you wish to se                     | erve:                |                     |
|--|---|----------------------|---------------------|
|  | Planning Commission                                 |                      |                     |
|  | Board of Zoning Appeals                             |                      |                     |
|  | Town Council (Appointment to fill mid-term vacancy) |                      |                     |
|  | Other   |                      |                     |
| CONTACT INFORMATION  |   |                      |                     |
| Full Name:   |   |                      |                     |
| Physical Street Ad   | ldress:   |                      |                     |
|  | niling Address (if applicable): E-Mail:             |                      |                     |
| Phone: Hom   | ne: D   | aytime:              | Mobile:             |
| 1) List any previou  | us service on any Town Board                        | Committee, or Co     | uncil.              |
| 1) Else any provious service on any rown Board, committee, or country                              |   |                      |                     |
|  |   |                      |                     |
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| 2) List any volunteer/community service you have been a part of within the Lovettsville community. |   |                      |                     |
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|  |   |                      |                     |
|  |   |                      |                     |
| 2) List any educati  | ional history or previous exper                     | rience that would en | shanga vour carviga |
| 3) List any educational history or previous experience that would enhance your service.            |   |                      |                     |
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|  |   |                      |                     |
|  |   |                      |                     |
|  |   |                      |                     |
| Signature  |   |                      |                     |
|  |   |                      | Date                |