TOWN OF MONTVILLE

REQUEST FOR APPOINTMENT TO A TOWN AGENCY
(Boards/Commissions/Committees/Authorities)

PLEASE PRINT

Town Agency: 1st choice: ________________________ 2nd choice: ______________________

Applicant Name:_________________________Address:_______________________________________

Home Phone: (__)___________Cell Phone: (__)___________Work Phone: (__)________________

E-Mail Address: ____

Former Residence Address: ____

Are you a Registered Voter* in the Town of Montville? _

Please check which party. Democrat: __________Republican:_________Unaffiliated: _________

Civic Record: ____

____

Previous or present membership on a town agency, if so, which one(s)?____________________

Occupation: ____________________ Employer: __________________________________

Have you, or your employer, ever done business with the Town of Montville or the Montville Public School System?

If yes, describe: ____

Is any member of your immediate family (parents, siblings, children) presently employed by the Town of Montville or the Montville Public School System? _________________________________

If yes, who, and what position do they hold: ____________________________________

Reason for desiring appointment: ____

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Date: _____________ Applicant Signature: ____

* This is required in order to serve on any town agency.

This application will be on file for approximately one year. If there is a vacancy, you will be requested to come before the Town Council for an interview at their next regular monthly meeting. If at any time you no longer desire appointment, please notify the Clerk of The Town Council or the Town Clerk at (860) 848-3030, Extension 343.

NOTE: This document is a public record and will be available for public viewing should a request be made.