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? Yes ☐ No ☐

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: _____

_____

Date: _____ Applicant Signature: _____

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