Town of Norton



APPLICATION FOR APPOINTMENT TO BOARDS/COMMITTEES

Name:	Date:
Board or Committee to which appointr	ment is sought:
Home Address:	
Phone (For Public Use):	Home Phone:
Work Phone:	Cell Phone:
E-Mail:	Release E-mail to public: Yes No
Occupation / Title:	
<i>i</i>	e, abilities, background or interests which you feel will provide a purposes of the board / committee for which you are seeking hed if desired.)
What other beard (committee baye yes	
	u served on?
How long did you serve on this board/	committee?
Are you able to attend meetings? Yes	s No
If no, please explain:	
Signature:	Date:
	OFFICE USE ONLY
Date Received:	Date on Board Agenda:
Term of Office:	Approval: Yes No
Fills Vacancy: Yes No	Appointment Letter Sent: Yes No

Note: You may fax this form to the Select Board's Office at (508) 285-0297, mail to 70 East Main Street, Norton, MA 02766, or email to jreid@nortonmaus.com