

TOWN OF FARMINGTON

BOARD AND COMMITTEE APPLICATION

For Office Use Only
Date Received _____
Time Received _____

NAME _____

ADDRESS _____

TELEPHONE Home _____ Work _____ Cell _____

OCCUPATION _____ E-Mail Address _____

OTHER BOARDS/COMMITTEES SERVED ON:

HOW MANY YEARS HAVE YOU RESIDED IN THE TOWN OF FARMINGTON? _____

NOTE: Boards/Committees indicated by an asterisk (*) do not require residency. All others do.

INDICATE THE BOARD /COMMITTEE UPON WHICH YOU WISH TO SERVE:

- ___ Board of Appeals (7 members, 3-year term)
- ___ Board of Appeals, Alternate Member (2 members, 1-year term)
- ___ Board of Assessment Review (5 members, 3-year term)
- ___ Budget Committee (11 members, 3-year term)
- ___ Budget Committee, Alternate Member (2 members, 1-year term)
- ___ Conservation Commission (7 members, 3-year term) *
- ___ Conservation Commission, Associate Member (Unlimited members, 1-year term) *
- ___ Odor Panel (5 Members)
- ___ Planning Board (7 members, 3-year term)
- ___ Planning Board, Alternate Member (2 members, 1-year term)
- ___ Recreation Committee (5 members, 3-year term) *
- ___ Revolving Loan Fund Committee (5 members)
- ___ Zoning Board (5 members, 3-year term)
- ___ Zoning Board, Alternate Member (2 members, 1-year term)
- ___ Other _____

WHY DO YOU FEEL THE ACTIVITIES OF THE BOARD OR COMMITTEE SELECTED ABOVE ARE IMPORTANT TO THE TOWN OF FARMINGTON AND WHAT EXPERIENCE, KNOWLEDGE OR PERSPECTIVE DO YOU THINK YOUR PARTICIPATION WILL BRING TO THE GROUP? (Additional sheet may be used.)

APPLICANT'S SIGNATURE