

Date: _____

Town of Surry
Application for Town Boards and Committees

Name: _____
Last First MI

Address: _____

Phone: (____) _____ Cell: (____) _____

Email: _____

Occupation: _____

Board or Committee you would like to apply for:

Have you attended a meeting of this board/committee? _____

How would your experience, education and/or occupation be a benefit to this board or committee?

Are there any issues you feel this board or committee should address, or should continue to address?

TOWN USE ONLY	
Selectman action: _____	Date: _____
Voting member: _____	Associate member: _____
New appointment: _____	Reappointment: _____
Date appointment expires: _____	