TOWN OF CARVER

APPLICATION TO BE APPOINTED TO A VACANCY ON A COMMITTEE/COMMISSION OR BOARD

NAME OF APPLICANT: _____ PHONE: _____

MAILING ADDRESS: _____

STREET ADDRESS (IF DIFFERENT): _____

EMAIL ADDRESS: _____

INTERESTED IN SERVING ON: _____

BRIEFLY STATE WHY YOU WOULD LIKE TO BE APPOINTED, PROFESSIONAL & PERSONAL QUALIFICATIONS, ETC.

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APPLICANT SIGNATURE _____ DATE: _____

PLEASE SUBMIT BY EMAIL: shelby.blair@carverma.gov

Phone: 508-866-3401

Fax: 508-866-4213