

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.

APPLICANT SIGNATURE _____

DATE: _____

PLEASE SUBMIT BY EMAIL: shelby.roy@carverma.gov
Phone: 508-866-3401
Fax: 508-866-4213