



TOWN OF ENFIELD

APPLICATION FOR VACANCY ON AGENCIES, BOARDS & COMMISSIONS

Name _____ Date _____

Address _____

Telephone (Home) _____ (Work) _____

Email Address _____ Occupation _____

Registered Voter _____ (Yes) _____ (No) Party Affiliation _____

Agency, Board, or Commission Interested In: _____

New Appointment _____ Reappointment _____

If this is a reappointment, please list the number of meetings attended during the last 12 months. _____

Please outline your qualifications and how you feel you would contribute to the Agency, Board or Commission. _____

Have you ever served on an Agency, Board or Commission in Enfield or elsewhere? _____

If yes, please state the name of the Agency, Board or Commission and the time served. _____

If the Agency, Board or Commission which you requested has no more vacancies, would you consider appointment to another? _____

PLEASE MAIL TO:

TOWN MANAGER'S OFFICE
TOWN OF ENFIELD
820 ENFIELD STREET
ENFIELD CT 06082

OR FAX to 253-6310

**THANK YOU FOR YOUR
INTEREST IN THE
TOWN OF ENFIELD**