

**TOWN OF STRATFORD** ★ **OFFICE OF THE MAYOR**

Room 205, 2725 Main Street  
Stratford, CT 06615  
203-385-4001



# BOARDS, COMMISSIONS, AGENCIES & AUTHORITIES

## Appointment Application

APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ PARTY AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ARE YOU AN ELECTOR OF STRATFORD? YES NO

ARE YOU A RESIDENT OF THE TOWN OF STRATFORD? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IS YOUR REQUEST FOR REAPPOINTMENT? YES NO

IF YES, HOW LONG HAVE YOU SERVED ON THE COMMISSION? \_\_\_\_\_

IS THERE A SPECIFIC EVENING OR OTHER PERIOD OF TIME YOU WOULD BE UNAVAILABLE TO ATTEND MEETINGS? YES NO

IF YES, PLEASE INDICATE: \_\_\_\_\_

DO YOU ANTICIPATE HAVING TO REFRAIN FROM PARTICIPATING IN DISCUSSIONS OR VOTING ON ANY PARTICULAR MATTER(S) THAT MAY COME BEFORE SAID COMMISSION DUE TO A CONFLICT OF INTEREST? YES NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PLEASE BE ADVISED THAT APPOINTMENT TO SOME COMMISSIONS REQUIRES TIME DURING THE REGULAR WORK DAY TO REVIEW PLANS AND CONDUCT SITE INSPECTIONS.

DO YOU UNDERSTAND THE TIME REQUIREMENTS NECESSARY TO SERVE AND ARE YOU ABLE TO MAKE THAT COMMITMENT? YES NO

APPLICATIONS ARE KEPT ON FILE FOR ONE (1) YEAR FROM THE DATE OF RECEIPT.

WOULD YOU LIKE YOUR APPLICATION TO BE KEPT ON FILE FOR FUTURE CONSIDERATION? YES NO

YOU MAY ATTACH RESUME AND ADDITIONAL SHEETS AS NECESSARY.

\_\_\_\_\_  
DATE: \_\_\_\_\_

*Signature Required*

Please return this form to the address above, or email to: [mayor@townofstratford.com](mailto:mayor@townofstratford.com), or FAX to 203-385-4108.