



TOWN OF STRATFORD
Boards, Commissions, Agencies & Authorities
Appointment Application

Applying for: _____

Name: _____ Party Affiliation: _____

Address: _____

Town: _____ Zip Code: _____

Home Phone #: _____ Business Phone #: _____

May we contact you at work: Y N Occupation: _____

E-mail address: _____

Are you a U.S Citizen? Y N

Are you a resident of the Town of Stratford? Y N

Have you ever been convicted of a felony? Y N

Is your request for reappointment? Y N

If so, how long have you served on the Commission? _____

Have you attended meetings of a Commission in the past? Y N

If yes, which one(s): _____

Is there a specific evening or other period of time you would be unavailable to attend meetings?
Y N If so, 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 because of a conflict of interest? Y N
If so, 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? Y N

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? Y N

You may attach additional sheets as necessary and/or resumé.

Signature

Date

Please return this form to:

Office of the Mayor
Stratford Town Hall
2725 Main Street
Stratford, CT 06615
(203) 385-4001
Fax # (203) 385-4108