



**TOWN OF STRATFORD – OFFICE OF THE MAYOR**  
*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: \_\_\_\_\_

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 yes, how long have you served on the Commission? \_\_\_\_\_

Have you attended meetings of Town Commissions in the past? Y N

If yes, which ones? \_\_\_\_\_

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

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? 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 resume.

\_\_\_\_\_  
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