TOWN OF WAKEFIELD, NEW HAMPSHIRE

TOWN ADMINISTRATOR’S OFFICE

2 HIGH STREET

SANBORNVILLE NH 03872

TELEPHONE: (603) 522-6205 X307 FAX: (603) 522-6794

TOWNADMIN@WAKEFIELDNH.COM

**TOWN OF WAKEFIELD**

**BOARD/COMMISSION APPLICATION**

**Check all that apply:**

I am an applicant for:

 Full Member Alternate Member

( ) Agricultural Commission ( ) ( )

( ) Conservation Commission ( ) ( )

( ) Heritage Commission ( ) ( )

( ) Parks & Rec Commission ( ) ( )

( ) Zoning Board of Adjustment ( ) ( )

( ) Other ( ) ( )

( ) Check if for re-appointment

 If re-appointment, what percentage of meetings did you attend during the prior year? \_\_\_\_\_\_\_\_\_\_

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education:

( ) High School

( ) College

Specialized training/experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please provide additional information on your qualifications and/or explain what you hope to accomplish or indicate why you wish to be appointed/re-appointed.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board/Commission Chair Approval