



OFFICE OF THE MAYOR

BOARDS AND COMMISSIONS APPLICATION

REGISTERED VOTER: YES _____ NO _____

PARTY AFFILIATION: _____

U.S. CITIZEN: YES _____ NO _____

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE: HOME: _____ OFFICE: _____

CELL: _____

DATE OF BIRTH: _____

EMPLOYMENT: _____

BOARD AND/OR COMMISSION OF INTEREST:

PLEASE LIST THREE (3) CHOICES:

I HEREBY ACKNOWLEDGE THE ABOVE TO BE TRUE

SIGNATURE

DATE