

## TOWN OF FARMINGTON BOARD AND COMMITTEE APPLICATION

Date Received \_\_\_\_\_

NAME:		
ADDRESS:		
TELEPHONE: Home	Work	Cell
OCCUPATION	E-Mail Addre	ess
OTHER BOARDS/COMMITTEI	ES SERVED ON:	
HOW MANY YEARS HAVE YO INDICATE THE BOARD/COM		
	ember (2 members, 1-year tem 5 members, 3-year term) s, 3-year term) Member (2 members, 1-year tem 6 members, 3-year term) Deciate Member (Unlimited member (Unlimited member (2 members, 1-year term) Deciate Members, 1-year term) Deciate Members, 1-year term Deciate Members, 1-year term Deciate Members, 1-year term Deciate Members, 1-year term Deciate Members, 1-year term) Deciate Members, 1-year term	nembers, 1-year term)

**APPLICANT'S SIGNATURE**