



BOARD / COMMISSION / COMMITTEE MEMBER FORM

Full Name: _____
Last First M.I.

Address: _____
Street Address

Middlebury CT 06762
City State ZIP Code

Home Phone: () _____ **Cell:** () _____

Email Address (Required): _____

Board / Commission / Committee: _____

Requested Action Taken, please check one:

- New Appointment Filling the Vacancy of: _____
 Reappointment Resignation

Political Affiliation (circle one): **DEMOCRATIC** **REPUBLICAN** **UNAFFILIATED**

Signature of member/applicant _____

TERM: _____

REGULAR OR ALTERNATE: _____

Attendance Record for Reappointment: _____

Chairman's recommendation for reappointment based on attendance: _____

Please submit the completed form, **along with a resume and a brief explanation of your reasons for wanting to serve***, to the First Selectman's Office for consideration by the Board of Selectmen. Send to: Town of Middlebury, 1212 Whittemore Road, Middlebury CT, 06762, phone: 203-758-2439, email: firstselectman@middlebury-ct.org

Form updated: 7/19//2023

**This will only be needed for new appointments with no previous history*