



# TOWN OF BUCKSPORT APPLICATION FOR APPOINTMENT TO A BOARD, COMMITTEE AND/OR COMMISSION

Please place an 'X' next to the name of the board, committee and/or commission on which you would like to serve as a member: (If you express an interest in serving on more than one, please identify your order of preference, with '1' being the most preferred.)

- BOARD OF APPEALS
- BOARD OF ASSESSMENT REVIEW
- BOARD OF PARKS AND RECREATION
- CEMETERY COMMITTEE
- CHARTER COMMISSION
- COMPREHENSIVE PLAN COMMITTEE
- CONSERVATION COMMISSION
- ECONOMIC DEVELOPMENT COMMITTEE
- PLANNING BOARD
- POLICE ADVISORY COMMITTEE

OTHER (Please identify) \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TELEPHONE HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

- Are you at least 18 years of age?       YES       NO
- Are you a legal resident of Bucksport?       YES       NO
- Are you a United States citizen?       YES       NO

Please describe any experience, education, skills and talents you have that will be helpful in serving as a board, committee and/or commission member: (additional sheets may be attached if more space is needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

DATE \_\_\_\_\_

PLEASE RETURN THIS APPLICATION TO:  
TEL. 207-469-7368      FAX 207-469-7369

BUCKSPORT TOWN OFFICE, 50 MAIN STREET  
P.O DRAWER X, BUCKSPORT, ME 04416

	OFFICE USE
DATE APPLICATION RECEIVED:	_____
APPOINTMENT COMMITTEE REVIEW DATE:	_____
TOWN COUNCIL REVIEW DATE:	_____
DECISION: _____	
_____	
_____	