

Town of Alton



Board of Selectmen
PO Box 659
Phone 603-875-2161

Town Administrator
1 Monument Sq. Alton NH 03809
Fax 603-875-0207 TDD 603-875-0111

APPLICATION OF APPOINTMENT TO A BOARD, COMMISSION OR COMMITTEE

Name _____
Physical Address _____
Mailing Address _____
E-Mail _____ Telephone _____ Cell Phone _____
Employer _____ Telephone _____ Position _____

APPOINTMENT REQUESTED _____
(Name of Board, Commission or Committee)

Please state your reasons for wanting to serve: _____

List any other Boards, Committees etc. that you have served on _____

Describe any qualifications, licenses, coursework, training, strengths and/or characteristics that are applicable to the appointment: _____

Length of Term desired 1 year 2 years 3 years

Availability for meetings (check as applicable)
Weekly Mondays Days Evenings Daily Weekly
Best Day(s) _____ Best Time _____

If appointed, is there a potential for conflict of interest?
No Yes Please describe _____
(Note: A yes answer does not automatically disqualify an applicant; disclosure is mandatory)

Are you a registered voter in the Town of Alton? Yes No

Person to notify in case of an emergency (Name and Telephone Number)

Signature _____ Date _____