



**Town of Dekorra
Committee/Commission
Appointment Application Form**

Date: _____

Name: _____

Committee/Commission Name: _____

Address (For Public Use): _____ Zip: _____

Home Address: _____ Zip: _____

Phone (For Public Use): _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____ Release E-Mail to Public: Yes No

Occupation/Title: _____

Background experience or education that might be pertinent, including volunteer work:

Reasons for your interest/willingness to serve the residents of Dekorra through this appointment:

Community activities in which you have participated:

Signature _____

OFFICE USE ONLY

Date Received: _____

Date on Board Agenda: _____

Approval: Yes No

Board Approval: Yes No

Term of Office: _____

Appointment Letter Sent: _____

Fills Vacancy: Yes No

Oath Signed: _____

Replaces Current Member: _____