



BOARDS, COMMISSIONS, AGENCIES & AUTHORITIES

Appointment Application

APPLYING FOR: _____

NAME: _____ PARTY AFFILIATION: _____

ADDRESS: _____

TOWN: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

OCCUPATION: _____

ARE YOU AN ELECTOR OF STRATFORD? YES NO

ARE YOU A RESIDENT OF THE TOWN OF STRATFORD? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IS YOUR REQUEST FOR REAPPOINTMENT? YES NO

IF YES, HOW LONG HAVE YOU SERVED ON THE COMMISSION? _____

IS THERE A SPECIFIC EVENING OR OTHER PERIOD OF TIME YOU WOULD BE
UNAVAILABLE TO ATTEND MEETINGS? YES NO

IF YES, PLEASE INDICATE: _____

DO YOU ANTICIPATE HAVING TO REFRAIN FROM PARTICIPATING IN DISCUSSIONS OR
VOTING ON ANY PARTICULAR MATTER(S) THAT MAY COME BEFORE SAID COMMISSION
DUE TO A CONFLICT OF INTEREST? YES NO

IF YES, PLEASE EXPLAIN: _____

PLEASE BE ADVISED THAT APPOINTMENT TO SOME COMMISSIONS REQUIRES TIME
DURING THE REGULAR WORK DAY TO REVIEW PLANS AND CONDUCT SITE INSPECTIONS.
DO YOU UNDERSTAND THE TIME REQUIREMENTS NECESSARY TO SERVE AND ARE YOU
ABLE TO MAKE THAT COMMITMENT? YES NO

APPLICATIONS ARE KEPT ON FILE FOR ONE (1) YEAR FROM THE DATE OF RECEIPT.

WOULD YOU LIKE YOUR APPLICATION TO BE KEPT ON FILE FOR FUTURE
CONSIDERATION? YES NO

YOU MAY ATTACH RESUME AND ADDITIONAL SHEETS AS NECESSARY.

DATE: _____

Signature Required

Please return this form to the address above, or email to: councilclerk@townofstratford.com, or FAX to 203-385-4108.