

Town of Woodbury

BOARD/COMMISSION/COMMITTEE MEMBER FORM

Full Name: _____
Last First M.I.

Address: _____
Street Address Email Address

Woodbury

City

CT

State

06798

ZIP Code

Home Phone:() _____ FAX:() _____ Cell:() _____

Board/
Commission/
Committee _____

Requested Action (please check one):

- New Appointment Filling the Vacancy of: _____
 Reappointment Resignation Alternate to Regular Member*

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

Signature of member: _____

TERM: _____

REGULAR OR ALTERNATE: _____

Attendance Record for Reappointment: _____

Chairman's recommendation for reappointment based on attendance: _____

***COMMENTS, IF "ALTERNATE" TO "REGULAR" MEMBER:**

Please submit completed form to the First Selectman's Office three days prior to the next Selectmen's meeting: *Town of Woodbury, 281 Main Street South, Woodbury, CT 06798, tel. 203-263-2141, fax 203-263-4755 email: JanK@woodburyc.org*