

Town of Woodbury

BOARD/COMMISSION/COMMITTEE MEMBER ACTION FORM



Full Name: _____
Last First M.I.

Address: _____
Street Address

Woodbury _____ CT 06798
City State ZIP Code

Home Phone: () _____ Cell: _____

Email Address Required: _____

Board/
Commission/
Committee _____



Requested Action Taken, please check one:

- New Appointment Filling the Vacancy of:
 Reappointment Resignation

Political Affiliation, circle one: **DEMOCRATIC** **REPUBLICAN** **UNAFFILIATED**

Signature of member _____

TERM: _____

REGULAR OR ALTERNATE: _____

Attendance Record for Reappointment _____

Chairman's recommendation for reappointment based on attendance: _____

Please submit completed form to the First Selectman's Office three days prior to the next Selectmen's meeting: *Town of Woodbury, P.O. Box 369, 281 Main Street South, Woodbury, CT 06798, tel. 203-263-2141, fax 203-263-4755*
email: dcarlton@woodburyct.org