Town of Woodbury

BOARD/COMMISSION/COMMITTEE MEMBER ACTION FORM

Full Name: ____________________________
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

form 1/6/2017