

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/applicant

TERM ENDING: _____

REGULAR OR ALTERNATE: _____

Attendance Record for Reappointment _____

Chairman's recommendation for reappointment based on attendance: _____

Please submit completed form, **along with a resume, brief biography, and/or brief explanation of your reasons for wanting to serve**, to the First Selectman's Office for consideration by the Board of Selectmen.
Send to: Town of Woodbury, 281 Main Street South, Woodbury, CT 06798, 203-263-2141, fax 203-263-4755
email: dcarlton@woodburyct.org