

TOWN OF ELIOT, MAINE

1333 STATE ROAD, ELIOT, ME 03903

TELEPHONE: (207) 439-1817 EMAIL: wrawski@eliotme.org

○ <u>INITIAL APPLICATION</u> FOR APPOINTMENT TO TOWN BOARDS,					
COMMITTEES & COMMISSIONS					
<u>RE-APPOINTMENT</u> TO TOWN BOARDS, COMMITTEES &					
COMMISSIONS					
NAME:					
RESIDENCE:					
MAILING (if different)					
E-MAIL ADDRESS:	PHONE # (Home)				
WORK #	CELL #				
Please check your choices:					
Adult-Use Retail Cannabis Committee					
 ○ Aging-In-Place Committee ○ Board of Appeals ○ Cable Television Committee ○ Clean Water Committee ○ Conservation Commission 					
			Energy Commission		
			OPlanning Board		
			○ Solid Waste & Recycling Committee		
			Tax Increment Financing (TIF) Committee		
MEMBERSHIP PREFERENCE: Regular Alternate No Preference					
APPOINTMENT TERM: Full Term Par	rtial Term No Preference				
EDUCATION/TRAINING:					
RELATED EXPERIENCE (Including other	Boards/Committees and Commissions)				
PRESENT EMPLOYMENT:					
ARE YOU 18 YEARS OR OLDER: OYE	ES ONO				



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ACCORDING TO THE TOWN OF ELIOT ORDINANCE GOVERNING MUNICIPAL BOARDS PLEASE ANWSER THE FOLLOWING QUESTIONS.

SIGN	NATURE OF APPLICANT DATE	
	se read the Town of Eliot, Maine Ordinance Governing Municipal Boards, nmissions, and Committees available at the Town Office or on the Town Websi	ite.
	to attend.	C unable
٦.	Applicant agrees that if appointed will attend all meetings, except for sickness or emergency, and will advise the Chairperson when you ar	
5	Committee members/Select Board Advisory Committees. Applicant agrees that if appointed will attend all meetings, except for	r
4.	4. Appointee agrees to take a sworn oath by Town Clerk except for Ad	Hoc
	Board will want to interview possible appointees. Your application placed on the next available agenda.	will be
3	determine any potential conflict of interests. 3. This application will be forwarded to the Select Board for considerat	ion the
2.	2. The Town Manager will review your application, may contact you, a	ınd
1.	1. This application is for consideration and does not mean you will necessite appointed to this Board/Commission or Committee.	essariiy
FOLI	SUBMITTING THIS APPLICATION YOU UNDERSTAND THE LLOWING:	
4.	4. Any know conflict of interest: YES NO if yes, please list	
٦.	on a regular and continuing basis throughout term.	
3	3. Give a brief summary as to how you will maintain an unbiased partic	
	appointment.	
2.	2. Give a brief reason(s) as to why the Select Board should support you	 ır
1.	——————————————————————————————————————	
1.	1. Express your interest as to why you want to serve:	