

APPLICATION FOR APPOINTMENT TO EAST PROVIDENCE BOARD OR COMMISSION

Date of Application

Board or Commission _____

Name _____

Home Address _____

Home Phone Number _____ **Work Phone Number** _____

E-mail Address _____ **Cell Number** _____

{Current occupation and place of employment. If retired indicate former occupation.}

Political Affiliation _____
(Some Boards or Commissions require one member from each party)

Please indicate why you would like to serve _____

{Please use reverse side if additional space is needed}

I understand the duties of the Board, Commission or Authority and agree to actively participate if appointed.

Applicant's Signature

Please return this completed form to: City Clerk, 145 Taunton Avenue, East Providence, RI 02914

This application will be kept on file for one year. After which, you will be contacted for renewed interest in maintaining your application in an active status.