



TOWN OF STRATFORD – OFFICE OF THE MAYOR
Boards, Commissions, Agencies & Authorities
Appointment Application

Applying for: _____

Name: _____ Party Affiliation: _____

Address: _____

Town: _____ Zip Code: _____

Phone: _____ Email: _____

Occupation: _____

Are you a U.S. Citizen? Y N

Are you a resident of the Town of Stratford? Y N

Have you ever been convicted of a felony? Y N

Is your request for reappointment? Y N

If yes, how long have you served on the Commission? _____

Have you attended meetings of Town Commissions in the past? Y N

If yes, which ones? _____

Is there a specific evening or other period of time you would be unavailable to attend meetings? Y N

If yes, please indicate: _____

Do you anticipate having to refrain from participating in discussions or voting on any particular matter(s) that may come before said Commission because of a conflict of interest? Y N

If yes, please explain: _____

Please be advised that appointment to some commissions requires time during the regular work day to review plans and conduct site inspections. Do you understand the time requirements necessary to serve and are you able to make that commitment? Y N

Applications are kept on file for one (1) year from the date of receipt. Would you like your application to be kept on file for future consideration? Y N

You may attach additional sheets as necessary and/or resume.

Signature

Date

Please return this form to:
Office of the Mayor
mayor@townofstratford.com

Stratford Town Hall
2725 Main Street
Stratford, CT. 06615
(203) 385-4001
Fax# (203) 385-4108