



**Town of Dover**  
5 Springdale Avenue  
Dover, MA  
02030  
508-785-0032

## REQUEST FOR COMMITTEE/BOARD APPOINTMENT

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Board/Committee Applied for: \_\_\_\_\_

Do you presently serve on any town boards or committees? YES  NO  If yes, which do you serve on? \_\_\_\_\_

Have you served on any other town boards or committees in the past? YES  NO  If yes, when? \_\_\_\_\_

Are you a registered voter? YES  NO

### Statement of Interest

*Please describe your interest in serving for the board/committee above.*

---

---

---

---

### Qualifications

*Please list any past/present education and/or special training relevant to the appointment.*

---

---

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_