

Town of Dekorra Committee/Commission Appointment Application Form

Date:	
Name:	
Committee/Commission Name:	
Address (For Public Use):	Zip:
Home Address:	Zip:
Phone (For Public Use):	Home Phone:
Work Phone:	Cell Phone:
E-mail Address (For Public Use):	•
Occupation/Title:	
Community activities in which you h	to serve the residents of Dekorra through this appointment: ave participated:
Signature:	Date:
e Received:	OFFICE USE ONLY Date on Board Agenda:
oroval: Yes O No O	Board Approval: Yes O No O
m of Office:	Appointment Letter Sent:
s Vacancy: Yes O No O	Oath Signed:

Replaces Current Member: