

# Town of Eagar

## Board/Committee Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

e-mail: \_\_\_\_\_

Check the following board you would be willing to serve on. Please fill out a separate sheet for each board you wish to serve on.

- |                                    |                          |
|------------------------------------|--------------------------|
| Board of Adjustment                | <input type="checkbox"/> |
| Cemetery Committee                 | <input type="checkbox"/> |
| Design Review Board                | <input type="checkbox"/> |
| Eagar Beautification Committee     | <input type="checkbox"/> |
| Municipal Property Corporation     | <input type="checkbox"/> |
| Parks and Recreation Committee     | <input type="checkbox"/> |
| Planning and Zoning Commission     | <input type="checkbox"/> |
| Public Safety Personnel Retirement |                          |
| System Local Board                 | <input type="checkbox"/> |
| Utilities Board                    | <input type="checkbox"/> |

Please explain why you would like to serve on this board.

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You may attach a resume or documentation of any related experience that may apply.

Date submitted: \_\_\_\_\_