



ASSESSMENT BOARD OF REVIEW

CITIZEN APPLICATION Membership on Board or Commission

Name _____

Address _____

Telephone #: _____ (Home) _____ (Work) _____ (Fax)

_____ E-Mail

Registered Voter? Yes ___ No ___

Reason why you believe you are suited to provide service on *this* particular board or commission

Please note any *other* board(s) or commission(s) you may be interested in serving on:

Reason why you believe you are suited to provide service on these particular board(s) or commission(s): _____

On the reverse side of this application, offer any other additional information about yourself to help us in making our decision on the best board or commission to appoint you to. Also, you may wish to attach a resume or letter of interest to further demonstrate your level of experience, expertise, or interest.

Thank you for your interest in serving your community.

This application can be printed.

Kindly mail, fax or drop off application to:

Coventry Town Manager
1670 Flat River Road
Coventry, RI 02816
Fax: 401-822-9139
E-mail: www.town.coventry.ri.us