

## HISTORIC DISTRICT COMMISSION

## **CITIZEN APPLICATION**

## **Membership on Board or Commission**

Name			
Address			
Telephone #:	(Home)	(Work)	(Fax)
		E-Mail	
Registered Voter? Yes	No		
Reason why you believ	e you are suited to provide	service on <i>this</i> particula	r board or commission
Please note any <i>other</i> b	ooard(s) or commission(s)	you may be interested in	serving on:
* *	eve you are suited to pro		-
On the reverse side of help us in making our	this application, offer any decision on the best board sume or letter of interest to	other additional informated or commission to appo	ation about yourself to oint you to. Also, you
Thank you for your into	erest in serving your comm	unity.	

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: <a href="mailto:cwilcox@coventryri.org">cwilcox@coventryri.org</a>