

**SPRINGFIELD
SELECTBOARD**



**TOWN OF SPRINGFIELD
96 Main Street
Springfield, VT 05156**

APPLICATION FOR APPOINTED BOARDS, COMMISSIONS AND COMMITTEES

Name: _____ **Date:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Email: _____ **Cell Phone:** _____

OFFICE DESIRED

- | | |
|--|---|
| <input type="checkbox"/> Airport Commission | <input type="checkbox"/> Inclusion Committee |
| <input type="checkbox"/> Budget Advisory Committee | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Conservation Committee | <input type="checkbox"/> Regional Planning Commission |
| <input type="checkbox"/> Development Review Board | <input type="checkbox"/> Trails & Rural Economy Committee |
| <input type="checkbox"/> Downtown Design Review Commission | <input type="checkbox"/> Tree Warden |
| <input type="checkbox"/> Housing Authority | <input type="checkbox"/> Other: |

Reason(s) for desiring office: _____

Please state reason(s) you believe you are qualified for the office: _____

Please return or email this form to:

**Administrative Assistant
Town of Springfield
96 Main Street
Springfield, VT 05156
tosmanagerasst@vermontel.net
(802) 885-2104 x221**