

TOWN OF SILVER CITY

APPLICATION TO SERVE ON A TOWN BOARD OR COMMITTEE

Please check which Town Board or Committee you would like to serve on. Information on each of the Boards and Committees can be found on the Town's website at www.townofsilvercity.org or you may contact the Town Clerk's office at City Hall or by phone at 575-534-6346. Persons are appointed by the Mayor with the Town Council's consent.

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| <input type="checkbox"/> Cemetery Board | <input type="checkbox"/> Lodgers Tax Advisory Board |
| <input type="checkbox"/> Historic Design Review Committee | <input type="checkbox"/> Museum Board |
| <input type="checkbox"/> Incentive Review Committee | <input type="checkbox"/> Parks and Recreation Board |
| <input type="checkbox"/> Library Board | <input type="checkbox"/> Recycling Advisory Committee |
| <input type="checkbox"/> Trails and Open Space Advisory Committee | |

Please complete the following application (2 pages) and return it to the Town Clerk at City Hall, 101 W. Broadway Avenue, Silver City. You may also mail it to the Town Clerk at P.O. Box 1188, Silver City, NM 88062 or email it to tstownclerk@qwestoffice.net or fax it to 575-534-6377.

Your full legal name: _____ Phone: _____

Street address: _____ Cell: _____

Mailing address: _____ Email: _____

How long have you lived at this address? _____ In Grant County? _____

If less than 2 years, please provide your previous address. _____

Occupation and Employer: _____ How long? _____

Drivers License Number and State of issuance: _____

Have you served on any Town or County appointed Boards or Committees in the past 5 years? _____

If yes, which ones? _____

What Town or County civic organizations do you belong to, if any? _____

Describe any other community volunteer service in which you have been involved. _____

Please explain why you are interested in serving on the Board or Committee that you have selected? _____

Briefly describe your experience(s), education, training, etc., which would assist you as a member of the Board or Committee that you have selected. _____

Please include any other information that is relevant to determining your fitness for the office you seek.

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant

Date