## TOWN OF WISCASSET BOARD/COMMITTEE APPLICATION

Full name:			
Street Address:			
Mailing Address (if	different than street):		
Are you a legal res	ident of Wiscasset: If	not which town:	
Home phone	Cell phone	Email:	
I wish to be consid	ered for appointment to t	he:	
Full member:	Alternate member:	Is this a reappointmen	t:
Do you currently s	erve on any town board/c	ommittee:	
If yes, which board	l/committee:	other:	
List any civic organ	nizations you belong to:		
Prior experience, k (please be brief)	nowledge, or abilities tha	t would contribute to the	board or committee:
Signature:		Date:	
If you wish to add	additional information, plo	ease print this form and e	either scan it with the
additional informa	tion and email to clerk@v	viscasset.org or return to	the town office 51 Bath
Road, Wiscasset, N	ИЕ 04578 fax 882-8228		
Office use only			
Date received	Date annoir	nted·	Term·