

FOR TOWNSHIP USE ONLY

Res. # _____

Board/Comm./Auth. _____

Term Exp. _____

Replaced _____ or Reappointed

TOWNSHIP OF LOWER
CITIZEN LEADERSHIP FORM

NAME _____

CITY AND STATE _____

YEARS OF RESIDENCY IN TOWNSHIP _____ OCCUPATION _____

Please **number in order of preference** which ones you wish to be considered for.

_____ Cable Television Advisory Board

_____ Municipal Utilities Authority

_____ Environmental Commission

_____ Planning Board

_____ Historic Preservation Commission

_____ Recreation Advisory Board

_____ Citizen Advisory Board

_____ Zoning Board of Adjustment

I hereby apply to perform public service on the following municipal authority, boards or commissions. List any education, prior volunteer experience or work related experience, or other civic involvement which could be of use to the authority, board or commission you have listed above.

Date: _____ Signature: _____ (VALID FOR ONE YEAR FROM DATE OF RECEIPT)

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Primary Phone Number _____ Work Phone Number _____

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