



Town Of Durham

630 Hallowell Road
Durham, Maine 04222

Incorporated 1789

Tel: 207-353-2561
Fax: 207-353-5367

Application For Appointment by Municipal Officers

Name: _____ Date: _____

Mailing Address: _____

Telephone: (Cell) _____ (Home) _____

Email Address: _____

Committee I wish to be appointed to: _____

My Current Employment: _____

Why I wish to be appointed to this committee or what I might offer or what experience I have that would be of value to this committee? _____



To: (Name of Appointee) _____

Pursuant to: (Reference to statute or ordinance authorizing the appointment) _____

The undersigned municipal officers of the Town/City of _____ do hereby vote to appoint and confirm you as (name of town and name of position) _____.

Your term of office is to expire on (date of term expiration) _____. Given under our hands _____ on this _____ day of _____, 20_____.

Select Board (Chairman)

Select Board (Vice Chairman)

Select Board Member

Select Board Member

Select Board Member