



# Town Of Durham

630 Hallowell Road  
Durham, Maine 04222

*Incorporated 1789*

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

## Application For Appointment by Town Manager

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Email Address: \_\_\_\_\_

My Current Employment: \_\_\_\_\_



To: (Name of Appointee) \_\_\_\_\_

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

I 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 my hand on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Town/City Manger

\_\_\_\_\_  
Select Board (Chairman)

\_\_\_\_\_  
Select Board (Vice-Chair)

\_\_\_\_\_  
Selectmen

\_\_\_\_\_  
Selectmen

\_\_\_\_\_  
Selectmen