

TOWN OF LEWISBORO

Committee Application (Volunteer Town Boards, Committees & Councils)

Name: _____ Date: _____
Street Address: _____ P. O. Box: _____
Post Office: _____ Lewisboro Hamlet: _____
Home Phone: _____ Business Phone: _____ Cell Phone: _____
Lewisboro Resident, # of Years: _____ E-mail Address: _____
Particular Board, Committee or Council of Interest: _____

Volunteer Experience (in Lewisboro & elsewhere):

Work Experience:

Key Skills/Attributes:

Education:

Comments:*

*In addition to any other comments, please note here if you have appeared before any Town Bodies, or otherwise may have potential conflict of interest.

PLEASE MAIL TO:

or E-MAIL TO:

or FAX TO:

Peter H. Parsons, Supervisor
Town of Lewisboro
P. O. Box 500
South Salem, New York 10590

supervisor@lewisborogov.com

(914) 763-6496