

Town of Cromwell Board & Commission Application Form

Name:				
Address: (Home)				
Telephone:				
E-mail Address:		Occupation:		
Town Clerk's off	ice to serve on a boa	voter in Cromwell, pleas rd or commission. If yo a below. Thank you.	U	
Party affiliation:	Democrat	Republican		
Board or Commission	of Interest:			
		ed in serving your town in thi ill be an asset to this Board o		
Please include three (3) References with your	application.		
Name	Address	Phone Num	ber	

Signature: ____

Date: _____

Thank you for taking the time to fill out this application. Volunteers play a vital role in the Cromwell government and we appreciate your interest. Upon completing your application please forward to the Mayor's Office, 41 West Street, Cromwell, CT 06416.
