

**TOWN OF OGUNQUIT, MAINE**

**TOWN CLERK'S OFFICE**

23 School Street, PO Box 875, Ogunquit, Maine 03907-0875

Telephone: (207) 646-9546 Fax: (207) 646-5920

**APPLICATION FOR APPOINTMENT TO TOWN**

**COMMITTEE/BOARDS/COMMISSION**

New     Re-Appointment     Appointment from Alternate to Full Member

*Please answer all questions on the form*

Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Mailing (If different): \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Please check your choices and list in order of priority by marking 1, 2, 3, etc.**

- |  |   |
|--|---|
| _____ Age Friendly Community Committee     | _____ Historic Preservation Commission  |
| _____ Bike-Pedestrian Committee            | _____ Marginal Way Committee            |
| _____ Board of Assessment Review           | _____ Parks & Recreation Committee      |
| _____ Comprehensive Plan Committee         | _____ Performing Arts Committee         |
| _____ Conservation Commission              | _____ Planning Board                    |
| _____ Facilities and Space Needs Committee | _____ Shellfish Conservation Commission |
| _____ Harbor Committee                     | _____ Sustainability Committee          |
| _____ Heritage Museum Committee            | _____ Zoning Board of Appeals           |

Related experience (Including other Boards/Committees/Commissions) \_\_\_\_\_

I am a: (check those that apply)

- |                               |                                    |
|-------------------------------|------------------------------------|
| _____ Year- Round Resident    | _____ Summer Resident              |
| _____ Ogunquit Property Owner | _____ Registered Voter in Ogunquit |

Why would you like to serve on this committee? \_\_\_\_\_

Please check appropriate box

I have  have not  attended at least two (2) meetings of the Board for which application is being made.  If appointed, I agree to attend all meetings when I am able and will inform the Chairperson when I am not able to attend.

Submitted via email \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_ Date