



Town of Stratford Application for Public Body Membership

Name: _____

Legal Address: _____

Residential Address: _____

Telephone: _____

Email: _____

I, _____, affirm that I have deeply considered the purposes of the (Public Body) _____, and have informed myself of the duties, legalities, procedures, concepts, principles, and time requirements involved. I further affirm that I will actively, thoughtfully, and impartially serve the best interests of the Town and all its residents.

Signature: _____

Name: _____

Date: _____

Use the space below and additional pages as needed for any other information that may help the Select Board make its appointment decision.

Thank you for your interest!