



**TOWN OF TOPSHAM**  
**100 MAIN STREET**  
**BOARDS AND COMMITTEE APPLICATION**

**A. Personal Information**

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**B. Check off the Board/Committee you are interested in being appointed to:**

- |   |  |
|---|--|
| <input type="checkbox"/> Board of Appeals                   | <input type="checkbox"/>                                     |
| <input type="checkbox"/> Energy Committee                   | <input type="checkbox"/>                                     |
| <input type="checkbox"/> Board of Assessment Review         | <input type="checkbox"/> Planning Board                      |
| <input type="checkbox"/> Conservation Commission            | <input type="checkbox"/> Tree Committee                      |
| <input type="checkbox"/> SAD #75 Board                      | <input type="checkbox"/> Sewer District Trustees             |
| <input type="checkbox"/> Finance Committee                  | <input type="checkbox"/> Topsham Development, Inc            |
| <input type="checkbox"/> Historic District Commission       | <input type="checkbox"/> Topsham Housing Authority           |
| <input type="checkbox"/> History Committee                  | <input type="checkbox"/> Water District Board of Trustees    |
| <input type="checkbox"/> Comp Plan Implementation Committee | <input type="checkbox"/> Lower Village Development Committee |

**C. Related Interest and experience to the Committee of Choice:**

- Please state the reason you wish to serve on this Committee:

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- Please list any experience, qualifications and /or skills you possess that relate to this Committee's work:

**D. Other Related Information:**

- Are you interested in serving on any other Board or Committee? Please list in order of priority:  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_
- How long have you lived in Topsham? \_\_\_\_\_
- Are you presently a member of a committee? If so, please list: \_\_\_\_\_
- Have you served on any Town of Topsham Boards/Committees in the Past?

<u>Board/Committee</u>	<u>Year(s) Served</u>
_____	_____
_____	_____
_____	_____

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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***Office Use Only***

Application Received: \_\_\_\_\_

- New Appointment
- Continuing Appointment
- Re-Appointment

Interview date: \_\_\_\_\_ Interview time: \_\_\_\_\_

Appointment: \_\_\_\_\_ Yes \_\_\_\_\_ No      Term expires: \_\_\_\_\_

Appointment letter sent: \_\_\_\_\_