

RECEIVED BY CLERK: _____

SUBMITTED TO COUNCIL 1. _____
2. _____

(Do not write above dotted line)

**APPOINTMENT DATA
BOARDS AND/OR COMMISSIONS
CITY OF CLARKSBURG, WEST VIRGINIA**



NAME: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

(If P.O. Box Number, give street address also)

EMPLOYER NAME & ADDRESS: _____

HOME PHONE #: _____

BUSINESS PHONE #: _____

CELL PHONE #: _____

POSITION: _____

(Name of City Board/Commission/Authority)

WOULD YOU BE INTERESTED IN ANY OTHER BOARDS/COMMISSIONS? YES or NO

PRIOR SERVICE ON CITY BOARDS AND/OR COMMISSION? YES or NO

YEARS SERVICED: _____

QUALIFICATIONS: _____

EDUCATIONAL BACKGROUND: _____

I WILL SERVE IF APPOINTED: YES or NO

(SIGNATURE OF PROSPECTIVE APPOINTEE)

DATE

(APPROVED BY:) CITY MANAGER OR COUNCIL

DATE