Town of Chester

203 Middlesex Avenue Chester Connecticut 06412



telephone: 860-526-0013 facsimile: 860-526-0004 web page: chesterct.org

Date:
To: Board of Selectmen
From: Democratic Town Committee
Republican Town Committee
Board or Commission
Other
Please accept the following recommendation to fill:
Board or Commission:
An Elected or Appointed Position:
Full or Alternate Member:
For a Term to Expire on:
Name of person being recommended:
Street Address:
Mailing Address:
Phone Number:
Email Address:
Occupation:
Political Affiliation: Democrat Republican Unaffiliated Other
Please provide background experience and other information that would be helpful to the Board or Commission. This may include a resume, letter of interest or position statements.
SIGNATURES: I am familiar with the responsibilities and duties involved and am willing to serve in the position for which this recommendation is made.
Signature of Applicant:
The above person has been interviewed, is familiar with the responsibilities and duties involved and is willing to serve in the position for which we make this recommendation.
Signature of Committee / Board / Commission Chairman: