



TOWAMENCIN TOWNSHIP APPLICATION ADVISORY BOARDS AND COMMISSIONS

(APPLICATION IS VALID FOR ONE YEAR FROM DATE OF SUBMISSION)

NAME: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

YEARS RESIDING IN TOWAMENCIN TOWNSHIP: _____

OCCUPATION: _____

PLEASE LIST BOARDS OR COMMISSIONS ON WHICH YOU *CURRENTLY OR PREVIOUSLY*
HAVE SERVED: _____

(Indicate the top two (2) Boards/Commissions of your interest

By number with #1 as your first preference):

- | | |
|---|--|
| <input type="checkbox"/> Agricultural Security | <input type="checkbox"/> Emergency Operations |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Environmental Advisory |
| <input type="checkbox"/> Technology Assessment & Innovation | <input type="checkbox"/> Open Space & Parks |
| <input type="checkbox"/> Towamencin Municipal Authority | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Traffic Impact Fee Advisory | <input type="checkbox"/> Recreation & Special Events |
| <input type="checkbox"/> UCC Board of Appeals | <input type="checkbox"/> Veterans Memorial |
| <input type="checkbox"/> Zoning Hearing Board | |

Briefly describe why you should be considered for appointment to any of the
boards and commissions referenced above. List related qualifications.

Please feel free to attach any additional information that you feel may be helpful to the Board of
Supervisors in evaluating your application.

Please send to:
Towamencin Township
P.O. Box 303
Kulpsville, PA 19443
Attn: Township Manager's Office

Or, email: info@towamencin.org