

TOWN OF SUDBURY
APPLICATION FOR APPOINTMENT TO

ZONING BOARD OF APPEALS

ZONING BOARD OF APPEALS
c/o Planning and Community Development Department
278 OLD SUDBURY ROAD
SUDBURY, MA 01776

PHONE: 978/639-3389
FAX: 978/443-0756
E-MAIL: pcd@sudbury.ma.us

Name:

Brief resume of background and experience:

Address:

Home phone:

Work phone:

Years lived in Sudbury:

E-mail Address:

Municipal experience (If applicable):

Educational background:

Employment and/or other pertinent experience:

Reason for your interest in serving:

Times when you would be available (days, evenings, weekends):

Do you or any member of your family have any business dealings with the Town? If yes, please explain:

_____ (Initial here that you have read, understand and agree to the following statement)

I agree that if appointed, I will work toward furtherance of the committee's mission statement as adopted by the Board of Selectmen and further, I agree that I will conduct my committee activities in a manner which is compliant with all relevant State and Local laws and regulations, including but not limited to the Open Meeting Law, Public Records Law, Conflict of Interest Law, Email Policy and the Code of Conduct for Town Committees.

I hereby submit my application for consideration for appointment to the Board listed above.

Signature _____ Date _____