



Village of Addison

APPLICATION FOR CONSIDERATION TO COMMISSION APPOINTMENTS VILLAGE OF ADDISON

PLEASE PRINT

DATE _____

Name of Commission for Which Application is Being Submitted:

A) _____

B) _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

EXPERIENCE/EXPERTISE related to Commission to which you are seeking appointment:

Education: _____

Reason for Applying: _____

Are you a registered voter residing within the Village of Addison? _____

Are you aware of the time commitment involved? _____

Are there any possible conflict of interest issues that may arise as a result of holding a seat on this Commission: _____

REFERENCES: _____