TOWN OF WILLINGTON

For OFFICE USE ONLY

Interview Date:
Notes:
Appointment Date:
Term Expiration:

Board of Selectmen 40 Old Farms Road Willington, CT 06279 (860) 487-3100 (860) 487-3103 Fax www.willingtonct.org

Boards & Commissions Questionnaire

	Date:
Na	me:
Re	sidence Address:
	iling Address:
	cupation:
Ph	one Number: Home: Business: Cell:
E-N	Mail Address:
	Howlong have you lived in Willington?:
2.	Are you a registered voter of the Town of Willington? ☐ Yes ☐ No:
3.	Which Board or Commission appointment are you seeking?
4.	Would you prefer a REGULAR position, ALTERNATE position, or EITHER, doesn't matter . (Please circle one)
5.	Why are you seeking appointment to this Board or Commission?
Please return to:	
	By Mail: Willington First Selectman, 40 Old Farms Road, Willington, CT 06279 (by mail)
	By Fax: 860-487-3103

By e-mail: rcampbell@willingtonct.org

Please call if you have any questions: 860-487-3100