

BOROUGH OF BIRDSBORO
APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

Day Phone # _____ Evening Phone # _____

E-MAIL ADDRESS: _____

I WOULD BE INTERESTED IN SERVING ON THE FOLLOWING:

Planning Commission _____ Recreation Board _____

Zoning Hearing Board _____ Shade Tree Commission _____

Civil Service Commission _____ Municipal Authority Board _____

Board of Health _____ Library Board _____

Borough Council _____ Board of Appeals _____

Special qualifications that may be of help to the municipality:

Work Experience/Occupation:

I served on _____ in the community
of _____

NOTE: This form will remain on file until notice from you or for a period of two years.