

**NOTIFICATION FOR SERVICE ON ADVISORY BOARDS
FOR THE TOWN OF HUNTERSVILLE**

Please type or Print in Black Ink

NAME OF ADVISORY BOARD ON WHICH APPLICANT IS INTERESTED IN SERVING:

_____ PLANNING BOARD _____

BACKGROUND INFORMATION

NAME _____ HOME PHONE _____

HOME ADDRESS _____ ZIP CODE _____

PRESENT OCCUPATION _____ WORK PHONE _____

PLACE OF EMPLOYMENT _____

EMAIL ADDRESS _____

APPROXIMATE HOURS AVAILABLE PER MONTH FOR SERVING ON ADVISORY BOARD _____

NAME OF ANY TOWN OR COUNTY BOARDS/COMMITTEES/COMMISSIONS YOU ARE PRESENTLY SERVING ON:

_____ EXPIRATION DATE _____

_____ EXPIRATION DATE _____

EDUCATION _____

BUSINESS AND CIVIC EXPERIENCE _____

AREAS OF EXPERTISE AND INTERESTS/SKILLS _____

I, the undersigned, understand this application will be kept on the active file for a two (2) year period only.

(Signature of Applicant) _____ (Date)

(Submitted by)

The Town of Huntersville Board of Commissioners sincerely appreciates the interest of all citizens in the Town's advisory committees and urges the public to nominate qualified persons for membership. Nominations may be sent to:

TOWN OF HUNTERSVILLE
ATTN: PLANNING DEPARTMENT
P.O. BOX 664
HUNTERSVILLE, NC 28078

For more information on the responsibilities of various advisory bodies, applicants may contact the above office at (704) 875-7000.