



APPLICATION FOR BOARDS, COMMISSIONS, & COMMITTEES

Date: _____ Name _____

Phone #: _____ Email Address: _____

Home Address: _____
Street City State Zip

Mailing Address (if different from Home Address): _____

Are you a full-time resident of the City of Franklin? Yes No

Employer: _____

Business Address: _____
Street City State Zip

Business Phone #: _____ Business Email Address: _____

Names of Board/Commission/Committee you are interested in serving:

_____	_____
_____	_____
_____	_____

Provide qualifications you possess specific to interested area of service:

Name of any Boards/Commissions/Committees on which you currently serve:

_____	_____
_____	_____
_____	_____

If reapplying for an appointment you presently hold, how long have you served? _____

(Note: All information contained in this document may be released to the public)