

CITY OF WESTOVER

Application for Board Service

Applicant Name:

Home Address:
Telephone: Home Phone: ______ Cell: ______

Email Address:

Employer: ______ Occupation: ______

Are you a Registered Voter in the City of Westover? _____ # of years? ______

Educational Training or Degree/s:
Previous Board Service: Where: _____ When: ______

This service Form has been developed for your convenience and does not guarantee appointment to the position for which you are applying. This completed form will be placed on file in the City Clerk's Office for a period of three years. This form must be signed and dated for consideration. This form is available online at www.westoveral.gov. Thank you for your interest in serving.

Signature: Date: