

**TOWN OF KENNEBUNKPORT**  
**Application for Boards, Committees & Commissions**

**To the Town Manager:**

**I hereby request to be considered for membership to the following board(s) and/or committee(s): (If more than one, please indicate your preference: 1,2,3...)**

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative Code Committee         | <input type="checkbox"/> Planning Board                   |
| <input type="checkbox"/> Board of Assessment Review            | <input type="checkbox"/> Recreation Committee             |
| <input type="checkbox"/> Budget Board                          | <input type="checkbox"/> Road Book Committee              |
| <input type="checkbox"/> Cape Porpoise Pier Advisory Committee | <input type="checkbox"/> Sewer Advisory Committee         |
| <input type="checkbox"/> Cemetery Committee                    | <input type="checkbox"/> Shade Tree Committee             |
| <input type="checkbox"/> Conservation Commission               | <input type="checkbox"/> Shellfish Conservation Committee |
| <input type="checkbox"/> Government Wharf Committee            | <input type="checkbox"/> Sidewalk Committee               |
| <input type="checkbox"/> Growth Planning Committee             | <input type="checkbox"/> Solid Waste Committee            |
| <input type="checkbox"/> Kennebunk River Committee             | <input type="checkbox"/> Lighting Committee               |
| <input type="checkbox"/> Parsons Way Committee                 | <input type="checkbox"/> Zoning Board of Appeals          |

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**Preliminary Information**

Name (Print): \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**Membership in community organizations:**

| Organization | Dates | Activities |
|--------------|-------|------------|
| _____        | _____ | _____      |
| _____        | _____ | _____      |
| _____        | _____ | _____      |

**Do you have any skills, experience, or training you would like to mention?**

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**What is your reason for wanting to serve on this board or committee?**

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**Are you registered to vote in Kennebunkport? Please check one:  Yes  No**

Please return the completed application to: Town Manager, 6 Elm St., P.O. Box 566, Kennebunkport, ME 04046. You will be contacted upon receipt.