

Town of Lewiston  
1375 Ridge Road  
P.O. Box 330  
Lewiston, New York 14092  
1-716-754-8213, ext. 222

## Application for Appointment

PLEASE PRINT

COMMISSION / COMMITTEE NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

POSITION \_\_\_\_\_

QUALIFICATIONS / BACKGROUND

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\_\_\_\_\_

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\_\_\_\_\_

over

SPECIAL INTERESTS / HOBBIES (RELATING TO POSITION)

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ADDITIONAL COMMENTS

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_