

# TOWN OF NEW BOSTON NEW HAMPSHIRE

## APPLICATION FOR REAPPOINTMENT

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Please print neatly or type application

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Residence Address:** \_\_\_\_\_

\_\_\_\_\_  
(Town) (State) (Zip)

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Board/Committee for which you want to be reappointed:**

\_\_\_\_\_

**How long have you served?** \_\_\_\_\_

### **This affirmation MUST BE COMPLETED**

I certify that there are no willful misrepresentations of the above statements and answers to the questions. I understand that should an investigation disclose such misrepresentations, my application may be rejected.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Unless otherwise specified, application should be returned to:

Town of New Boston  
Office of the Select Board  
7 Meetinghouse Hill Road  
P O Box 250  
New Boston, NH 03070-0250

Committee Chair \_\_\_\_\_

Approved

Not Approved

Select Board Chair \_\_\_\_\_

Approved

Not Approved

Select Board Member \_\_\_\_\_

Approved

Not Approved

Select Board Member \_\_\_\_\_

Approved

Not Approved