

TOWN OF NEW BOSTON NEW HAMPSHIRE

APPLICATION FOR REAPPOINTMENT

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 Selectmen
7 Meetinghouse Hill Road
P O Box 250
New Boston, NH 03070-0250