

Committee Application



Submit Forms:
One Municipal Plaza, Suite One
Beacon, NY 12508

Phone: (845) 838-5010
FAX: (845) 838-5012
Email: cityofbeacon@cityofbeacon.org

Name

Address

Phone Number

Alternate Phone

Email Address

- Committee You are Interested In
- Board of Assessment Review
 - Board of Ethics
 - Conservation Advisory Committee
 - Emergency Management Committee
 - Human Relations Commission
 - Planning Board
 - Recreation Committee
 - Traffic Safety Committee
 - Zoning Board of Appeals
 - Any of the above
 - Other

Available number of Hours per week (for Committee work)

Occupation

Employer

Work Address

Work Phone

Education

- Some High School
- High School Diploma
- Some College
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree

Interest & Skills

**Areas of Expertise
(business & civic)**

* 32-yr Information Technology professional.
* ZBA committee member (2002-2016).

Reference

Reference Name

Address

Phone

Email Address

Relationship

Applicant Signature: _____



Date: Sep. 6, 2019