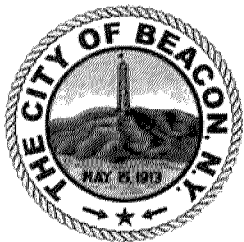


# Committee Application



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

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

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Name	<input type="text" value="Michal"/>
Address	<input type="text" value="Mart"/>
Phone Number	<input type="text" value=""/>
Alternate Phone	<input type="text" value=""/>
Email Address	<input type="text" value="@gmail.com"/>
Committee You are Interested In	<input type="checkbox"/> Board of Assessment Review <input type="checkbox"/> Board of Ethics <input type="checkbox"/> Conservation Advisory Committee <input type="checkbox"/> Emergency Management Committee <input checked="" type="checkbox"/> Human Relations Commission <input type="checkbox"/> Planning Board <input type="checkbox"/> Recreation Committee <input type="checkbox"/> Traffic Safety Committee <input type="checkbox"/> Zoning Board of Appeals <input type="checkbox"/> Any of the above <input type="checkbox"/> Other <input type="text" value=""/>
Available number of Hours per week (for Committee work)	<input type="text" value="3"/>
Occupation	<input type="text" value="Consultant"/>
Employer	<input type="text" value="Work of Mart LLC"/>
Work Address	<input type="text" value=""/>
Work Phone	<input type="text" value=""/>

**Education**

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

**Interest & Skills**

Web development, Affordable Housing, Police Community Relations

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

**Reference**

**Reference Name**

Marie Louise Petitpierre

**Address**

[Redacted]

**Phone**

[Redacted]

**Email Address**

**Relationship**

Friend

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_