

# 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)

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

RESIDENTIAL DESIGN & BUILD  
TENNIS - GARDENING - POLITICS

Areas of Expertise  
(business & civic)

---

Reference

Reference Name

RANDY LAGUNA

Address

Phone

Email Address

Relationship

FRIEND

Applicant Signature:

*[Handwritten Signature]*

Date:

1-6-20