

REQUEST FOR APPOINTMENT
Mayor / Board of Commissioners
Town of Littleton

APPLICATION DUE BY 5:00 PM APRIL 23RD, 2015

Name: _____

Address: _____

Telephone Home: _____ Work: _____

Are you a resident of the Town of Littleton: ____ Yes ____ No

How long have you lived in the Town of Littleton? _____

Employer: _____

Job Title: _____

Duties Performed: _____

Professional Activities: _____

Volunteer Activities: _____

Do you have prior experiences with local government? ____ Yes ____ No

If yes, where? _____

Types of experience: _____

Why do you wish to serve as mayor/commissioner for the Town of Littleton?

Are you available during regular office hours for meetings? ____ Yes ____ No

Are you available evenings for meetings? ____ Yes ____ No

Signature: _____ Date: _____

Return completed application to: Littleton Town Hall, PO Box 87 – 112 E. South Main Street, Littleton, NC 27850