

**APPLICATION FOR APPOINTMENT TO
CITY SPONSORED ORGANIZATIONS
410-939-1800**

Commission/Committee/Board Appointment Sought: _____

Name: _____ **Date:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-Mail:** _____

Occupation: _____

Place of Employment: _____

Residency History: _____

Education Background: _____

Special Interests: _____

Personal Observations/Comments: _____

Committee/Commission/Board Sponsor: _____

Please complete form and return to:

Office of the Mayor

(Attention: Mrs. Shyla Scott)

Havre de Grace City Hall

711 Pennington Avenue

Havre de Grace, MD 21078