CARROLLTON TOWNSHIP APPLICATION FOR COMMUNITY SERVICES

PERSONAL INFORMATION: Date: ______ Name: Last First Middle Present Address: _____ How long have you lived in Carrollton Township? Phone number: Home _____ Work ____ Email address: Are you an owner of property within Carrollton Township? Are you an elector in Carrollton Township?_____ Are you available to attend evening meetings? _____ Day? ____ **WORK EXPERIENCE: EDUCATION:** Are you presently employed? _____ Employer name, and phone:

(OVER)→

List any outside activities, hobbies or interests:	
Are you currently involved with any other organizati	ons, clubs, or boards?
If so, have you held a position of office?	
Boards or Commissions of Carrollton Township	
Board of Review Zoning Board of Appeals Construction Board of Appeals	Planning Commission Recreation Committee Compensation Commission
Desired Community Service Position:	
Second choice:	
Third choice:	
Construction Board of Appeals only: Contractor of Inspector's license or registration number	ber:
Type of license/registration: (i.e. plumbing, building	g, mechanical, electrical)
Give a brief summary of why you wish to serve in th you would be suited to serve this community upon re	1 0