

TOWN OF WALDEN

Citizens Advisory Committee and Subcommittee Application

Committee or Subcommittee Name _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email _____

Qualifications or Experience for Serving on this Committee

Signature: _____ Date: _____

Please bring completed applications to Walden Town Hall or send via email to waldentownhall@epbf.com