



# Village of Addison

## APPLICATION FOR CONSIDERATION TO COMMISSION APPOINTMENTS VILLAGE OF ADDISON

PLEASE PRINT

DATE \_\_\_\_\_

Name of Commission for Which Application is Being Submitted:

A) \_\_\_\_\_

B) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

EXPERIENCE/EXPERTISE related to Commission to which you are seeking appointment:

Education: \_\_\_\_\_

Reason for Applying: \_\_\_\_\_

Are you a registered voter residing within the Village of Addison? \_\_\_\_\_

Are you aware of the time commitment involved? \_\_\_\_\_

Are there any possible conflict of interest issues that may arise as a result of holding a seat on this Commission: \_\_\_\_\_

REFERENCES: \_\_\_\_\_