

## **Town of Fairhaven**

40 Center Street Fairhaven, MA 02719 Tel: (508) 979-4023

## **Board/Committee/Commission Reappointment Request**

Residents serving on a Town Board, Committee or Commission are requested to complete this form to request reappointment. (*Please print or type*)

Due by <u>Friday, April 26, 2024</u> to <u>fairhaven-reappointment-requests@fairhaven-ma.gov</u> or dropped off to the Select Board office.

Title:  ☐ Mr. Mrs.  Ms. Dr.	First Name:	Last Name:
Street Address:		
Email Address:		Preferred Phone Number:
How long have you been a Fairhaven resident?		

What Board(s) / Committee(s) / Commission (s) are you interested in being reappointed to?

Please state your interest in being reappointed to the board(s)/committee(s)/commission(s) listed above. Please include a description of your contributions. (use additional paper if needed).