

**TOWN OF CANTON**  
**PLEASE CHECK APPROPRIATE SQUARE:**

**APPLICATION FOR APPOINTMENT TO TOWN BOARDS**

**APPLICATION FOR RE-APPOINTMENT TO TOWN BOARDS**

**APPLICATION FOR APPOINTMENT FROM ALTERNATE TO FULL MEMBER**

Name _____	Date _____
Address _____	Phone _____
Mailing Address _____	
E-mail Address _____	
Employer _____	Work Phone _____

Please indicate any special qualifications or any experience that may be helpful to us.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long a resident

Please check area of interest

<table border="0"><tr><td><input type="checkbox"/></td><td>Appeals Board</td></tr><tr><td><input type="checkbox"/></td><td>Budget Committee</td></tr><tr><td><input type="checkbox"/></td><td>Capital Improvement Committee</td></tr><tr><td><input type="checkbox"/></td><td>Comprehensive Plan</td></tr><tr><td><input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/></td><td></td></tr></table>	<input type="checkbox"/>	Appeals Board	<input type="checkbox"/>	Budget Committee	<input type="checkbox"/>	Capital Improvement Committee	<input type="checkbox"/>	Comprehensive Plan	<input type="checkbox"/>		<input type="checkbox"/>		<table border="0"><tr><td><input type="checkbox"/></td><td>Parks &amp; Trails Committee</td></tr><tr><td><input type="checkbox"/></td><td>Planning Board</td></tr><tr><td><input type="checkbox"/></td><td>Recreation Committee</td></tr><tr><td><input type="checkbox"/></td><td>Road Committee</td></tr><tr><td><input type="checkbox"/></td><td></td></tr><tr><td><input type="checkbox"/></td><td></td></tr></table>	<input type="checkbox"/>	Parks & Trails Committee	<input type="checkbox"/>	Planning Board	<input type="checkbox"/>	Recreation Committee	<input type="checkbox"/>	Road Committee	<input type="checkbox"/>		<input type="checkbox"/>	
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Have you been on any Canton Boards or Committees in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any known conflict of interest:    \_\_\_ Yes    \_\_\_ No

Reason for application to this Board/Committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have \_\_\_\_/have not \_\_\_\_ attended at least two meetings of the Board for which application is being made. I agree to attend all meetings, except for sickness or emergency, and will advise the chairperson when I am unable to attend, if appointed.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

Please return this form to Town Office, Town of Canton, 94 Turner Street, Canton, ME 04221  
Phone (207) 597-2920, fax (207) 597-2940