

Town of Fort Mill



Application for Service on Town of Fort Mill Board, Commission, or Committee

Applicant Information			
Name of Applicant:			
Street Address:			
City:	State:		Zip Code:
Phone:	Email:		
Do you live within town limits?	Yes	No Unsure	Years at current address:
Educational Background:			
Current Occupation/Employer:			
Committee Information			
On which board, commission, or committee are you interested in serving? (Check all that apply.)	Board of Z	Commission Zoning Appeals eview Board Code Board of Appeal	Stormwater Advisory Committee Strawberry Festival Committee Other Other
	1—		
Applicant Background Do you have any special training and/or experience that would qualify you for this position?			
Are you serving, or have you served, on any governmental board, commission or committee?			
How many hours are you willing to commit each month?			
Reason for interest:			
By submitting this form, I certify that Sign/Type Name:	t all informatio	n included in this ap	Date:
MAIL: Town of Fort Mill, Attn			To: et, P.O. Box 159, Fort Mill, SC 29716 ess@fortmillsc.gov
Admin Use: Received: Resid	ent: Y N	Ward: Appointed T	o: Appointment Date: