

LIBRARY BOARD OF TRUSTEES

CITIZEN APPLICATION

Membership on Board or Commission

Name			
Address			
Telephone #:	(Home)	(Work)	(Fax)
		E-Mail	
Registered Voter? Yes	No		
	e you are suited to provide		
	ooard(s) or commission(s)		
commission(s):	eve you are suited to pr		
help us in making our	this application, offer any decision on the best boar sume or letter of interest t	d or commission to appo	oint you to. Also, you
TD1 1 C '	,	•,	

Thank you for your interest in serving your community.

This application can be printed.

Kindly mail, fax or drop off application to:

Coventry Town Manager 1670 Flat River Road Coventry, RI 02816

Fax: 401-822-9132

E-mail: jamitrano@coventryri.org