CITIZEN APPLICATION Membership on Board or Commission			
Name			
Address			
Telephone #:	(Home)	(Work)	(Fax)
		E-Mail	
Reason why you believ	ve you are suited to provid	e service on <i>this</i> particula	r board or commissi
	board(s) or commission(s)		
Please note any <i>other</i> Reason why you beli		you may be interested in rovide service on these	serving on:

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.gov