

**TOWN OF KENNEBUNKPORT**  
**Application for Boards, Committees & Commissions**

**To the Town Manager:**

**I hereby request to be considered for membership to the following board(s) and/or committee(s): (If more than one, please indicate your preference: 1,2,3...)**

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative Code Committee         | <input type="checkbox"/> Planning Board                   |
| <input type="checkbox"/> Board of Assessment Review            | <input type="checkbox"/> Shade Tree Committee             |
| <input type="checkbox"/> Budget Board                          | <input type="checkbox"/> Shellfish Conservation Committee |
| <input type="checkbox"/> Cape Porpoise Pier Advisory Committee | <input type="checkbox"/> Solid Waste Committee            |
| <input type="checkbox"/> Cemetery Committee                    | <input type="checkbox"/> Zoning Board of Appeals          |
| <input type="checkbox"/> Conservation Commission               | <input type="checkbox"/> Wastewater Advisory Committee    |
| <input type="checkbox"/> Government Wharf Committee            |   |
| <input type="checkbox"/> Growth Planning Committee             |   |
| <input type="checkbox"/> Kennebunk River Committee             |   |
| <input type="checkbox"/> Lighting Committee                    |   |

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

\_\_\_\_\_  
Date

**Preliminary Information**

Name (Print): \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(if different) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**Membership in community organizations:**

Organization

Dates

Activities

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Do you have any skills, experience, or training you would like to mention?**

_____
_____
_____
_____

**What is your reason for wanting to serve on this board or committee?**

_____
_____
_____
_____

**Are you registered to vote in Kennebunkport? Please check one:**    ☐ **Yes**    ☐ **No**

Please return the completed application to: Town Manager, 6 Elm St., P.O. Box 566,  
Kennebunkport, ME 04046. You will be contacted upon receipt.