



**Township of Edgewater Park
400 Delanco Road
Edgewater Park, NJ 08010**

Phone: 609-877-2050

Fax: 609-877-2308

Application to Serve on Authority, Board or Commission

Date: _____

Appointing Authority
Township of Edgewater Park
400 Delanco Road
Edgewater Park, NJ 08010

ATTN: Patricia Clayton, RMC, Municipal Clerk

Dear Appointing Authority:

I, _____, residing at _____
(name) (street address)

(city, state, zip code)

hereby apply to perform public service on the following municipal authority(s), board(s) or commission(s):

1. _____
2. _____
3. _____

I have listed any education, prior volunteer experience, work-related experience and/or other civic involvement which could be of use to the authority(s), board(s) or committee(s) listed above.

Should you need to contact me, my telephone number is _____ and my email address is _____. I understand my personal information (phone number and address) is considered confidential and same is restricted from public disclosure under the Open Public Records Act.

Thank you for your attention and consideration to this matter.

Sincerely,

Signature

