CITY OF MARTINSVILLE INFORMATION FORM

FOR APPOINTMENT TO CITY BOARDS, COMMISSIONS AND COMMITTEES

***Please Print or Type All Answers***

NAME: _____

(If married, please give spouse's first name _____)

_____
Residence Street Address Martinsville, VA 24112

_____
Mailing Address

_____
City Zip Code

TELEPHONE NUMBER: Home_____

Business_____

EMAIL ADDRESS:_____

OCCUPATION/EMPLOYER NAME:_____

REFERENCE:_____

CHOICE OF COMMITTEE:_____

Why would you like to be considered for appointment to this committee and what particular qualifications do you feel you have:

_____

_____

_____

_____

_____

_____

_____

_____

(If more space needed, please continue on back)

RETURN TO: Clerk of Council, City Manager's office, P. O. Box 1112, Martinsville, VA 24114
Date Received (to be completed by Clerk of Council):_____