



TOWN OF CHESTER BOARD OF SELECTMEN
WATER COMMISSIONERS & ZONING BOARD OF APPEALS
15 MIDDLEFIELD RD
CHESTER MA 01011

Appointment Application

TO: Board of Selectmen:

Please accept this application for ___ **1. Appointment** or ___ **2. Reappointment**

(Committee/Board/Commission)

Name _____

Residential Address _____

Mailing Address _____

Tel. No. _____ Email Address _____

Current Employment _____

1. If you are requesting appointment please answer the following questions:

- Have you ever attended a meeting of the board/committee/commission?

- Why are you interested in the position?

- What experience, skills or insight would you bring?

Signature

Date