



STAFF USE ONLY
Intake Date _____

**TOWN OF HAVERHILL
OFFICE OF THE TOWN CLERK**

4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 FAX 561-689-4317

Board & Committee Application

Name: _____ Telephone No.: _____

Address: _____

I would be willing to serve on any of the following Town of Haverhill Committees:

- | | |
|---------------------------------------|-------------------------------|
| _____ Annexation | _____ NPDES |
| _____ Beautification | _____ Newsletter/Publication |
| _____ Charter Review | _____ Special Events |
| _____ Code and Ordinance | _____ Safety |
| _____ Comprehensive Land Use Planning | _____ Zoning Board of Appeals |
| _____ Emergency Management | _____ Zoning Commission |

Please let us know the time of day and/or the days that would be most convenient for you:

MON ____ TUES ____ WED ____ THURS ____ FRI ____

MORNINGS _____ MID DAY _____ EVENINGS _____

Please let us know about you:
