

TOWN OF POMFRET
5 Haven Road
Pomfret Center, CT 06259
Phone; 860-974-0191 fax: 860 974-3950
E-mail: maureen.nicholson@pomfretct.gov

Date: _____

Request for appointment to: _____ Board/Commission

Name: _____ Phone #: _____

Street Address: _____

Mailing Address (if different): _____

e-mail address: _____

Years Resident of Town of Pomfret: _____

Political Party (Circle one): Democrat Republican Unaffiliated

Previous Service in Pomfret: _____

Qualifications for appointment: _____
