

**CITY OF SANFORD  
APPLICATION FOR  
BOARDS/COMMISSIONS/COMMITTEES**

NAME OF APPLICANT: \_\_\_\_\_

COMPLETE ADDRESS (including zip code): \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I AM A REGISTERED VOTER IN PRECINCT NUMBER \_\_\_\_\_, WHICH IS LOCATED IN: ( ) SANFORD CITY LIMITS OR ( ) SANFORD'S EXTRATERRITORIAL JURISDICTION

I WISH TO BE CONSIDERED FOR APPOINTMENT TO THE FOLLOWING BOARD/COMMISSION/COMMITTEE:  
(list only one)

LIST ANY EXPERIENCE/QUALIFICATIONS YOU HAVE RELEVANT TO THE ABOVE BOARD/COMMISSION/COMMITTEE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST BELOW YOUR SECOND CHOICE BOARD/COMMISSION/COMMITTEE, IF APPLICABLE: (list only one)

\_\_\_\_\_

LIST ANY EXPERIENCE/QUALIFICATIONS YOU HAVE RELEVANT TO THE SECOND PREFERENCE:

\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Applicant)

(Please return completed application via one of the following: Mail to City Clerk, P. O. Box 3729, Sanford, NC 27331-3729; fax to 919-775-8205; or email to [bonnie.davis@sanfordnc.net](mailto:bonnie.davis@sanfordnc.net)). If you have any questions, please call City Clerk Bonnie Davis at 919-777-1111.