

# Committee Application



Submit Forms:  
One Municipal Plaza, Suite One  
Beacon, NY 12508

Phone: (845) 838-5010  
FAX: (845) 838-5012  
Email: [cityofbeacon@beaconny.gov](mailto:cityofbeacon@beaconny.gov)

Name

Address

Phone Number

Alternate Phone

Email Address

Committee You are  
Interested In

- Board of Assessment Review
- Board of Ethics
- Conservation Advisory Committee
- Emergency Management Committee
- Human Relations Commission
- Planning Board
- Recreation Committee
- Traffic Safety Committee
- Zoning Board of Appeals
- Any of the above
- Other

Available number of  
Hours per week (for  
Committee work)

Occupation

Employer

Work Address

Work Phone

Interest & Skills

Areas of Expertise  
(business & civic)

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**Reference**

Reference Name

Address

Phone

Email Address

Relationship

**Please include a letter of interest along with this application.**

I agree that by submitting this application, I am electronically signing the application. I solemnly declare that the information I have provided is true.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_