



APPLICATION FOR BOARDS
Town of Manhattan
P.O. Box 96
207 S 6th St.
Phone: 406-284-3235, Fax: 406-284-2090
townofmanhattan@gmail.com

Name: _____ Date: _____

Physical Address: _____ Mailing: _____

Town: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email: _____

Are you a Manhattan resident? _____ Length of residency in Manhattan? _____

Board or Committee for which you are applying: _____

Your current occupation: _____

Employer: _____

Employer address: _____

Have you previously served on a Government Board? _____

If so, which board? _____ How long? _____

What are your relevant qualifications, objectives for membership, and related experience?
(You may attach a resume if you prefer) _____

References (Individual or Organization)

1. _____ Phone: _____ - _____ - _____

2. _____ Phone: _____ - _____ - _____

