

Committee / Board Interest Form

Salutation

First Name

Initial

Last Name

Home Telephone

Business Telephone

E-Mail

Street

Town

Zip

Board or Committee of Interest

Date Submitted

Educational Experience

Work Experience / Professional Qualifications

Other Relevant Information, Affiliations, etc.

Other Town Offices. Held

From (Date)

To (Date)

Other Town Offices Held

Dates

Dates

Have you ever been convicted of a felony? YES ☐ NO ☐

I certify under the pains and penalties of perjury that all taxes and/or charges owed to the Town of Hudson have been paid

Signature _____

Date _____

Please attach resume or other background summary if available and return to:

Select Board's Office, 78 Main Street, Hudson, MA 01749

Phone: 562-9963 Fax: 568-9641 Email: SBLicensing@townofhudson.org