

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