



ALBERTVILLE

A L A B A M A

Application for Board Appointment

To be considered for an appointment to a municipal board, please complete and submit to the City Clerk's Office. You may submit in person, by fax, or by email to phyllis@cityofalbertville.com.

Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Place of Employment: _____ Occupation: _____

Board for which you wish to be considered (check one only):

- | | |
|---|--|
| <input type="checkbox"/> Albertville-Boaz Recycling Authority | <input type="checkbox"/> Library Board |
| <input type="checkbox"/> Airport Board | <input type="checkbox"/> Medical Clinic Board |
| <input type="checkbox"/> Board of Adjustments | <input type="checkbox"/> Municipal Utilities Board (MUB) |
| <input type="checkbox"/> Commercial Development Authority | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Museum Board | <input type="checkbox"/> Water Supply Board |
| <input type="checkbox"/> Housing Authority Board | <input type="checkbox"/> Keep Albertville Beautiful |
| <input type="checkbox"/> Industrial Development Board | |
| <input type="checkbox"/> Other: _____ | |

Why are you interested in serving on this particular board? _____

What qualifications and/or experience do you possess that would be of benefit to this board?

Signature: _____ Date: _____