

**TOWN OF PLAINVILLE
CITIZENS AVAILABILITY RECORD**

NAME: _____ **DATE:** _____
Last First M.I.

ADDRESS: _____ **PHONE:** _____

EMPLOYED BY: _____ **BUSINESS PHONE:** _____

BUSINESS EXPERIENCE, EDUCATION AND/OR TRAINING: _____

REASONS FOR SEEKING APPOINTMENT(S): _____

**TOWN OFFICES (To Which Regular Appointments Are Made)
Please Check Appointment(s) You Would Be Interested In:**

Board of Registrars		Open Space & Recreation Committee	
Conservation Commission		Permanent Building Committee	
Council on Aging		Finance Committee	
Historical Commission		Zoning Board of Appeals	
Local MA Cultural Council		Other:	

I am available Evenings on:

Monday	
Tuesday	

Wednesday	
Thursday	

Friday	
Saturday	

The Commonwealth of Massachusetts, Town of Plainville

TO: _____

We, the Selectmen of Plainville by virtue of the authority vested by the laws of the Commonwealth, do hereby appoint you a member of the _____ for the term expiring

Given at Plainville this _____ day of _____ in the year _____.

Plainville Board of Selectmen

Recorded: _____

Sworn In: _____

