



**TOWN OF SOUTH PALM BEACH
TOWN COUNCIL APPOINTMENT APPLICATION**

Please print plainly

| |
|---------------------------|
| Name: |
| Home Address: |
| |
| Email: |
| Daytime Telephone: () |
| Evening Telephone: () |

Are you currently a registered voter in the Town of South Palm Beach? Yes No

Are you a full-time Resident? Yes No

If not, when are you OUT OF TOWN? _____

What experience and education would you contribute to the Town Council? (you may attach additional pages as necessary) _____

Why would you like to serve on the Town Council? (you may attach additional pages as necessary) _____

I hereby certify that all the above statements are true.

Signature

Date