



City of Trenton
Board and Commission Members Appointed by the Mayor
Application for Consideration

Name _____ Street Address _____

City _____ State _____ Zip Code _____

Phone _____ E-Mail _____

Trenton Resident (Yes/No) _____ Dates of City Residency: from _____ to _____

Please indicate the Board or Commission for which you would like to be considered:

Education [Degree, Diploma, School(s) Attended]:

Please elaborate on why you are interested in serving on this Board or Commission (including any particular community or professional experience you would bring to the position):

Please specify any conflicts of interest that you might have in connection with service on this Board or Commission:

I affirm that the information I have provided on this application is true and complete.

Signed: _____

Date: _____