



TOWN OF KILLINGLY

TOWN MANAGER'S OFFICE

172 Main Street, Killingly, CT 06239
Tel: 860-779-5300, ext. 7 Fax: 860-779-5382

BOARDS & COMMISSIONS REAPPOINTMENT QUESTIONNAIRE

Please fill in the following information to help us keep our information current.

DATE: _____

NAME: _____

Physical Address:

Mailing Address:

Best phone contact: *Cell:* _____ *Home:* _____

***EMAIL:** _____

PARTY AFFILIATION: ☐ Republican ☐ Democrat ☐ Unaffiliated/Other

Are you a registered voter? ☐ Yes ☐ No

Currently a member of the (name commission) _____

I wish to be reappointed to this Board/Commission as a (regular / alternate) _____ member.

(signature)

TOWN MANAGERS OFFICE TO COMPLETE

Attendance Current Year _____ **Attendance Previous Year** _____

Address confirmed: Y/N

Party confirmed: Y/N

Interview Date: