

# BYRON TOWN BOARD ADVISORY APPLICATION

7028 Rte. 237, P.O. Box 9

Byron, New York 14422

Application for Appointment to: Zoning Board of Appeals

Reappointment ☐ or New Appointment ☒

Recommended By: \_\_\_\_\_

Term of Office: 5 year appointed term of office

Board Meets: As needed

Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

\_\_\_\_\_  
E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

May we contact you during work hours? Yes ☐ No ☐

What is the reason for your interest in this Board? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills and expertise would you be willing to contribute to this Board? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you presently, or have you served on other Boards? Yes ☐ No ☐

If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a registered voter? Yes ☐ No ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please attach resume, if available.