

**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.