

TOWN OF DUNSTABLE

**REQUEST FOR APPOINTMENT OR RE-APPOINTMENT TO
BOARD, COMMITTEE OR COMMISSION OR APPOINTED POST**

- ☐ **Name:** _____
First, Middle Initial and Last Name/If registered voter, then as registered.
- ☐ **Address, including P.O. Box Number (if applicable), Town, Zip Code:**

- ☐ **Telephone Number:** _____
- ☐ **Position:** _____
- ☐ **Term Expiration Date:** _____
- ☐ **Current Term Expiration:** _____
- ☐ **Please note if filling unexpired term or replacing a former member:**

- ☐ **Signature of Applicant (person requesting appointment):**

- ☐ **Signature of Board, Committee or Commission Chair or designee:**

Please return this form to:

*Office of the Board of Selectmen
511 Main Street
Dunstable, MA 01827-1313*

I acknowledge that I understand by being appointed to a Town committee, board, or commission means that I am considered a Municipal Employee under MGL Chapter 268A and thereby subject to Conflict of Interest Law MGL Chapter 268A, Financial Disclosure Law MGL Chapter 268B, as well as Open Meeting Law MGL Chapter 39: Section 23B. I understand that I will take the conflict of interest test AFTER being appointed but BEFORE being sworn in by the Town Clerk. I will contact the appointing authority with any questions about my service.

