TOWN OF OLD LYME
52 LYME STREET
OLD LYME, CT 06371
fax: 860 434 1400
e-mail: selectmansoffice@oldlyme-ct.gov

Date:_____

Request for appointment to:_____
Board/Commission

Name**:**_____ Phone #:_____

Street Address: _____

Mailing Address (if different): _____

e-mail address: _____ Years Resident of Old Lyme:_____

Political Party (Circle one): Democrat Republican Unaffiliated

Previous Service in Old Lyme:_____

_____

Qualifications for appointment:_____