

TOWN OF OLD LYME
52 LYME STREET
OLD LYME, CT 06371

phone: 860 434 1605

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: _____

Registered Voter in Old Lyme: **yes** **no** (please circle)

Political Party (Circle one): Democrat Republican Unaffiliated

Previous Service in Old Lyme: _____

Qualifications for appointment: _____
