

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

Date: _____

Request for appointment to: **Sound View Commission – parking sub-committee**

Name: _____

Phone #: _____

Cell Phone: _____

Mailing Address: _____

Old Lyme Address (if Different): _____

Years Resident of Old Lyme: _____

Are you a Sound View business owner? _____, (# of years _____) (business name : _____)

Are you Sound View parking lot owner? _____ (# of years _____)

Are you a Sound View Resident (summer or year-round)? _____ (# of years _____)

Political Party (Circle one): Democrat Republican Unaffiliated

Describe your interest in this sub-committee. Please include your ability to devote the time necessary to be successful:

Previous Service in Old Lyme and/or other Municipal activities (past and present):

Education and Career background:

Qualifications for appointment and any additional unique attributes relating to this specific initiative:
