



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

phone: 860-434-1605 x210 | 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**

Political Party (check one): Democrat Republican Unaffiliated

Previous Service in Old Lyme:

Qualifications for appointment:

Have you attended at least one meeting of the Board/Commission/Committee to which you are interested in being appointed?

(This is required before an appointment will be considered.)

If yes, please tell us the date of the meeting(s) you attended:

**This form must be mailed/emailed to the First Selectman's Office
using the above contact information.**