



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: \_\_\_\_\_

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Qualifications for appointment: \_\_\_\_\_

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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.