

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

Political Party (Circle one):      Democrat              Republican              Unaffiliated

Previous Service in Old Lyme: \_\_\_\_\_

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

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