

NAME: (F)	(M.I.)	(L)		
ADDRESS:				
TELEPHONE #:				
HOW LONG HAVE YOU BEEN A	RESIDENT OF THE V	ILLAGE OF MIDDLEV	'ILLE?	
ARE YOU A REGISTERED VOTE	R OF THE VILLAGE C	F MIDDLEVILLE?	YES NO	
ARE YOU RELATED TO AN EMP *PLEASE INDICATE WHO AND Y				
I AM RELATED TO	F	RELATIONSHIP		
BOARD OR COMMISSION YOU A	RE APPLYING FOR: _			
COULD YOU REGULARLY ATTE	ND SCHEDULED MEE	TINGS? YES _	NO	
ARE YOU ABLE TO ATTEND ME	ETINGS BETWEEN 9	:00 AM AND 5:00 PM	? YES	NO
ARE YOU ABLE TO ATTEND ME	ETINGS IN THE EVEI	NING? YES	NO	
WHY DO YOU WISH APPOINTM	ENT TO THE BOARD/	COMMISSION?		
EXPERIENCE/QUALIFICATIONS BOARD/COMMISSION FOR WHIC				
COMMUNITY ACTIVITIES AND/C	OR OTHER EXPERIEN	CE:		
APPLICANT S	IGNATURE		DATE	
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ATE RECEIVED RECEIVED BY ESIDENCY VERIFIED VOTER STATUS VERIFIED				
RESIDENCE VERIFIED	VOIEF	SIAIOS VERIFIED		