



Town of Kilmarnock

P.O. Box 1357
Kilmarnock, VA 22482
804-435-1552

TOWN OF KILMARNOCK, VA., USA BOARD/COMMITTEE/COMMISSION APPLICATION

DATE _____

Municipal Board/Committee/Commission in which you are interested:

Name _____ Phone (Home) _____

Phone (Work) _____ Phone (Cell) _____

Address _____

Email _____

Occupation/Employer _____

Educational Background

School	Dates	Area of Study	Cert or Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Places you have lived, length of residence (in reverse order)

(a) _____ Dates _____

(b) _____ Dates _____

(c) _____ Dates _____

Specific experiences, training or interests which you have that you feel would be useful in the work of this Board or Committee (If additional space is needed, please use the back of this form):

Submitted by _____