



Town Of Durham

630 Hallowell Road
Durham, Maine 04222

Incorporated 1789

Tel: 207-353-2561
Fax: 207-353-5367

Application For Appointment by Town Manager

Name: _____ Date: _____

Mailing Address: _____

Telephone: (Cell) _____ (Home) _____

Email Address: _____

My Current Employment: _____



To: (Name of Appointee) _____

Pursuant to: (Reference to statute or ordinance authorizing the appointment) _____

I do hereby vote to appoint and confirm you as (name of town and name of position) _____
_____. Your term of office is to expire on (date of term expiration) _____.

Given under my hand on this _____ day of _____, 20_____.

Town/City Manger

Select Board (Chairman)

Select Board (Vice-Chair)

Select Board Member

Select Board Member

Select Board Member