

CITY OF NEWTON FALLS

COMMISSION/BOARD APPLICATION

DATE: _____

Application for membership on

(Name of Commission or Board)

Name:

Address:

Phone Number: _____ Home
_____ Cell
_____ Work

Are you a qualified elector of the City of Newton Falls _____ yes _____
no.

*** Civil Service, Planning & Zoning applicants.** Per the Newton Falls City Charter no member shall hold any other office, employment or position with the City.

Do you hold any other office, employment or position with the City of Newton Falls.

_____ yes (if so please explain) _____,

_____ no

****Civil Service applicants only:** Article VI, Commissions and Boards, Section I. Civil Service Commission, Paragraph 2; “No member of the Civil Service Commission shall hold any other office or employment with the City and not more than two such members shall be members of the same political party”.

Please indicate political party _____.