

REAPPOINTMENT QUESTIONNAIRE

Please return the completed questionnaire to the Town Clerk, 45 Fort Hill Road, Groton, CT 06340 or email at townclerk@groton-ct.gov

Board, Commission etc.: _____

Name of Member _____

Telephone/cell: _____

Email Address: _____

Date(s) Member Contacted: _____

1. Does the member want to continue to serve? ___ YES ___ NO

2. How many meetings did the member attend in the last year? _____

How many meetings absent? _____

List any extenuating circumstances for absences: _____

3. Does the Board/Commission Chair recommend reappointment of this member? _____ YES _____ NO

and/or

Does the Board/Commission Chair recommend appointment from alternate to regular member? _____ YES _____ NO

Chair comments: _____

4. Person completing this form:

Print name: _____

Board or Commission

<i>For Town Clerk office use only</i>	<i>Date</i>
Rec'd from Board/Commission Chair	
Rec'd from Council Appointments Ctee Chair	
Copy & Memo sent to Council Appointments Ctee	