

State of North Carolina County of Hertford

Date Received	

APPLICATION FOR: AUTHORITIES, BOARDS, COMMISSIONS, and COMMITTEES Note: All information on this document will be released to the public on request.

Name:			
Home Phone Number:	Hom	ne Fax Number:	
Email Address:			
Home Address:			
street Mailing Address:	city	state	zip
Are you a full-time resident of Hertford County?	Yes	No	
Do you live within any corporate or town limits?	Yes	No	Which:
Employer:			
Business Address:street	city	state	zip
Business Phone Number:	E	Business Fax:	
Names of Authority/Board/Commission/Committe	ee you are	interested in:	
Qualification for specific category:			
Name of any Hertford County Board/Commission	/Committe	ee on which you presen	itly serve:
If reapplying for a position you presently hold, ho	w long ha	ve you served? _	

Based on your qualifications and experie Commission/Committee would be benefi	ences, briefly describe why your services on this Authority/Board/cial to the County:
Do you have any delinquent Hertford Cor	unty taxes? Yes No
Other information you consider pertinent related work experiences, etc.):	at: (i.e., education, occupational background, civic memberships,
(If necessary, you may add additional pag	ges – Check here if additional pages are added:)
Note: All information on this docume	ent will be released to the public on request.
Date:	Applicant's Signature:
Return application to:	Clerk to the Board of County Commissioners Hertford County Manager's Office 115 Justice Drive, Suite 1 Winton, North Carolina 27986

Fax: (252) 358-0198