

**TOWNSHIP OF BORDENTOWN**

1 MUNICIPAL DRIVE  
BORDENTOWN, NJ 08505  
PHONE 609-298-2800

**CITIZEN ADVISORY RECORD**

If you are a resident and wish to serve your Township, please complete this form and provide it to the Township Administration Office. This information will be forwarded to the Township Committee and others on a strictly responsible and need-to-know basis. Your signature below is an acknowledgement that you consent to the Township's sharing of the information and that you understand that submittal and receipt of the information constitutes no assurance that you will be offered a service opportunity.

**Item 6 below provides the Township entities to which resident appointments are possible.**

[Please attach additional page(s) as required.]

<b>1. NAME</b>	<b>7. PROFESSION, OCCUPATION or TYPE OF WORK</b>
<b>2. ADDRESS</b>	<b>8. EDUCATION, SPECIAL QUALIFICATIONS or TRAINING:</b>
<b>3. TELEPHONE</b>	<b>9. HAVE YOU EVER BEEN CONVICTED OF A CRIME?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. E-MAIL</b> (optional)	<b>10. PRIOR SERVICE to TOWNSHIP</b> (or other governmental entity)
<b>5. DATE OF BIRTH</b> (optional)	<b>11. OTHER INFORMATION or REMARKS</b>
<b>6. INTEREST</b> (Indicate priority preference, if any, in box) <input type="checkbox"/> Bordentown Sewerage Authority <input type="checkbox"/> Emergency Management Council <input type="checkbox"/> Environmental Commission <input type="checkbox"/> Planning Board <input type="checkbox"/> Veterans Advisory Committee <input type="checkbox"/> Zoning Board of Adjustment	
<b>12.</b>  _____	
<b>Signature</b>	<b>Date</b>
_____	
<b>Above signature in legible print</b>	