



TOWAMENCIN TOWNSHIP APPLICATION BOARD OF SUPERVISORS

NAME: _____

ADDRESS: _____

PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

YEARS RESIDING IN TOWAMENCIN TOWNSHIP: _____

OCCUPATION: _____

PLEASE LIST BOARDS OR COMMISSIONS ON WHICH YOU CURRENTLY OR PREVIOUSLY HAVE SERVED: _____

Briefly describe why you should be considered for appointment to the Board of Supervisors.

Please attach additional information that you feel may be helpful to the Board of Supervisors in evaluating your submission.

Email to: dkraynik@towamencin.org

or mail to:

**Towamencin Township
Attn: Township Manager – David G. Kraynik
1090 Troxel Road
Lansdale, PA 19446**