



TOWAMENCIN TOWNSHIP APPLICATION ELECTED AUDITOR

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 an appointment to the
Board of Auditors.

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