

COMMITTEE APPLICATION FORM

Please fully complete the application form with all applicable information.

COMMITTEE NAME: Coeburn Revitalization Committee

nam	e: 			Phone No.	
	Last	First	M.I.		
dress:				Work No.	
	Street addre	ess	Apt/Unit #		
				Email:	
	City	State	Zip Code		
-	Do you live in town limits? live and does the Town of C	oeburn provide a	ny services t		s do you
-		oeburn provide a	ny services t		s do you
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2. ·	live and does the Town of C	ppointed to this C	ommittee?	zo you?	
2.	live and does the Town of C	oeburn provide a	ommittee?	zo you?	
2.	Why would you like to be ap	oeburn provide a	ommittee?	zo you?	

4.	Please provide insight regarding improvements or progress you wish to see this Committee				
	attain.				
5.	Describe any type of community involvement you have been involved with, including but				
	not limited to, the Town of Coeburn.				
6.	Please provide any other information you believe is important in considering this application.				
exp	signing below and submitting this Committee Application form, I understand that I will be bected to participate in and attend Committee meetings and understand that the purpose of a Committee is to work together for the betterment of the Town of Coeburn, which includes				
	king reports and/or recommendations as needed to the Town Council of the Town of eburn.				
Ap	plicant Signature Date				