

**COUNTY OF GRANVILLE
BOARDS/COMMISSION APPLICATION**

NAME: _____

MAILING ADDRESS: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

EMAIL ADDRESS: _____

EMPLOYER: _____

Are you a registered voter? Yes No

Do you live in: District 1 District 2 District 3 District 4

District 5 District 6 District 7

(If you are not sure which District you live in, call the Granville County Board of Elections at 919-693-2515)

I wish to be considered for appointment to the following Board/Commission:

Are you currently serving or have you ever served on a public board or commission? If so, please list below:

Board/Commission

Dates

Signature: _____ Date: _____

+

(If elected to a Board/Commission, all information contained in this application will become public knowledge.)