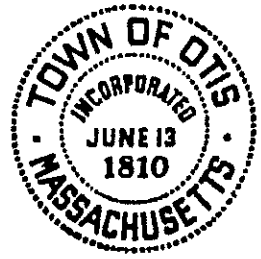


TOWN OF OTIS

Appointment Application



1 North Main Road ♦ Otis, Massachusetts 01253-0237
(413) 269-0100 ♦ (413) 269-0104 facsimile

Please accept this application for appointment to the _____.

Name: _____

Residential Address: _____

Mailing Address: _____

Telephone Number: (day) _____ (evening) _____

E-mail Address: _____

Re-appointment. *If re-appointment, no other information is necessary except signature and date.*

Current employment: _____

Reason for applying: _____

Relevant experience: _____

Signature

Date