

**TOWN OF GILFORD**

Selectmen's Office  
47 Cherry Valley Road  
Gilford NH 03249  
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FAX: (603) 527-4711  
selectmen@gilfordnh.org



**BOARD OF SELECTMEN**

Gus Benavides, *Chair*  
Richard Grenier, *Vice Chair*  
Dale Chan Eddy, *Clerk*

*Recreation Center of New Hampshire*

**TOWN OF GILFORD  
BOARD/COMMISSION APPLICATION**

**Check all that apply:**

I am an applicant for:

	Full Member	Alternate Member
<input type="checkbox"/> Conservation Commission	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Planning Board	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Historic District Commission	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Recreation Commission	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Zoning Board of Adjustment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CIP Committee	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Check if for re-appointment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Education:

High School

College

Specialized training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE BACK OF SHEET**

Please indicate why you wish to be appointed or re-appointed to the Board or Commission that you have indicated on front of sheet:

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**Please include a letter of interest with your completed application if this is for a new appointment.**



I swear that the above-mentioned information is true and to the best of my belief and understand that the Board of Selectmen has final authority in any appointment.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Board Review**

Date of Review \_\_\_\_\_

Date of Appointment \_\_\_\_\_

Length of Appointment \_\_\_\_\_

Committee/Board Appointment \_\_\_\_\_

Gilford Board of Selectmen:

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