

Town of Appomattox Application Form

Please complete and return this form to:

Town of Appomattox, Attn: Roxanne W. Casto, Town Clerk, P. O. Box 705,
Appomattox, VA 24522 or fax to (434) 352-2126.

Date _____

Name: _____

Address: _____

Home Phone No. _____ Business Phone No. _____

Cell No. _____ E-Mail Address: _____

I am a citizen of the United States:

Yes _____ No _____

I am registered to vote at the above address in the precinct in which I reside:

Yes _____ No _____

I am at least eighteen years of age:

Yes _____ No _____

For your responses to the following questions, feel free to attach additional sheets if necessary, to provide complete answers.

a) Describe why you would like to become a member of the Appomattox Town Council.

b) Describe your vision for the Town of Appomattox, both short term (1-2 years) and long term (5-10 years).

c) Please summarize your qualifications to serve on Council. Alternatively, you may attach a resume.