OLD TOWN STEERING COMMITTEE APPLICATION

Name:		Date:	
Street Address:			
Mailing Address:			
Home Phone:	Work Phone:	e-mail:_	
How long have you live	ed in Timnath?		
Which position are you	applying for? (Select one)		
☐ Timnath Citi	zens Academy Representa	tive (current or gradu	ıate)
☐ Downtown A	rea Resident or Business R	Representative	
☐ At-large Men	nber (Timnath Resident)		
Why are you interested (You may attach a separate	l in serving on the Old Tove document if necessary.)	vn Steering Committe	ee?
	eet regularly, and member nd regular committee meet		
Committee, that I resid	am applying for an appoir le within the corporate limed to serving on the commi	its of the Town of Tir	
		Signature	Date
Please return this appli	cation to the Timnath Town Cer	nter, 4750 Signal Tree Dri	ve, Timnath, CO 80547.