Signature:

COUNTY OF NORTHAMPTON

Date: _____

Return to: Clerk to the Board

P.O. Box 808 Jackson, NC 27845

(252) 534-2501 - Fax (252) 534-1166

Application for: Authorities, Board, Commissions and Committees

Please Note: All information on this document will be released to the public on request. Name: Phone: Home: _____ Work: ____ Cell: ____ Fax: ____ Physical Address: Mailing Address (if different): Email Address: ETHNIC BACKGROUND: African American ___ Caucasian ___ Hispanic ___ Native American ___ Other ___ Sex: Male ___ Female ___ Age: Under 18 ___ 18-30 ___ 31-50 ___ 51-65 ___ Over 65 ___ Are you a full-time resident of Northampton County: Yes ____ No ___ Township: _ Do you live within any corporate or town limits: Yes No Town: Employer Name and Address: Name of Authority/Board/Commission/Committee you are interested in: List any qualifications and why you are interested in serving on the Authority/Board/Commission/Committee: List any Northampton County Authority/Board/Commission/Committee on which you presently serve: Are your Northampton County property listing(s) and all county taxes up to date: Yes ____ No ____ Other Information you feel pertinent to your appointment: