

TO: Town of Peshtigo Board Chairperson

APPLICATION FOR: (CHECK ONE)

Plan Commission Fire Commission Board of Appeals
 Board of Review Volunteer Fire Dept.

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

QUALIFICATIONS:

WHY I WANT THIS POSITION:

SIGNATURE: _____ **DATE:** _____

Please send completed form to: **Town of Peshtigo, W2435 Old Peshtigo Road, Marinette, WI 54143**