



TOWN OF
BEEKMAN
New York

4 Main Street
Poughquag, NY 12570
www.townofbeekman.gov
(845) 724-5300

COMMITTEE APPLICATION

Name: _____

Address: _____

Phone Number: _____

Alternate Phone: _____

E-mail Address: _____

Committee you are interested in:

- Board of Assessment Review
- Board of Ethics
- Memorial Day Committee
- Conservation Advisory Committee
- Planning Board
- Zoning Board of Appeals
- 250th Quarter Millennial Committee
- Any of the Above
- Other: _____

Occupation: _____

Employer: _____

Work Address: _____

Work Phone: _____



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Interests & Skills: _____

Areas of Expertise (Business & Civic): _____

Reference

Name of Reference: _____

Address: _____

Phone: _____

E-mail: _____

Relationship: _____

Resume Attached: YES: _____ NO: _____

Please submit application to supervisor@townofbeekmanny.us