



TOWN OF SOUTHAMPTON

Housing & Community Development

116 Hampton Road

Southampton, NY 11968

631-702-1731

Application for Peconic Bay Region COMMUNITY HOUSING FUND ADVISORY BOARD

Name _____

Address _____

City _____ State _____ Zip _____

Year- Round Resident of Town of Southampton? Yes No

If No, how what months are you away? _____

Home Phone _____ Work/Mobile Phone _____

E-mail _____

Employer _____

Address _____

Occupation (if retired, please indicate and list former occupation) _____

Please list any governmental Advisory Boards or Committees on which you currently serve:

Please list any business, association, proprietary or not-for-profit organization held by you or your spouse or dependent children that may be involved with the Town of Southampton in any manner:

Complete the following. Please describe those facets of your background/experience which you feel may be useful for membership on this Board/Committee.

Academic: Degrees, Diplomas

Professional: Certification(s)

Knowledge: Training, Interest or Experience

Community Involvement: List organizations/positions

Organizations: Memberships

I understand that in accordance with the Freedom of Information Act, this information may be made public. I understand that the appointment is for voluntary, uncompensated service. If appointed, I agree to faithfully and fully perform the duties of my office, will make every endeavor to serve my full term, and will comply with all laws and ordinances of the City, County and State of New York, particularly those pertaining to the conduct of public officials and the financial disclosure requirements, if applicable to my position.

Signature: _____ Date: _____

Print Name: _____

Return completed application to: kbak@southamptontownny.gov or mail to:

Town of Southampton
Kara L. Bak, Director, Housing & Community Development
116 Hampton Road
Southampton, NY 11968

PLEASE NOTE: Resumes/Additional information may be included; however, the application MUST be completed.