



Application to Serve on a County Board/Commission/Committee

(Please type or print clearly)

Name _____

Home Address _____

Phone _____ Fax _____ Email _____

County Election District of Residence First District Second District Third District
 Fourth District Fifth District

Employer _____ Phone _____

Business Address _____

Education _____
Diploma/Degree _____ School Attended _____

How long have you been a resident of King William County? _____

Civic Activities (include other Boards/Commissions/Committees)

Memberships in Fraternal, Business, Church, or Social Organizations (include offices held)

Indicate your top three Boards/Commissions/Committees choices (you must select at least one specific choice)

1st Choice _____

2nd Choice _____

3rd Choice _____

Signature _____ Date Submitted _____

Return this application to:
Bobbi Langston, Deputy Clerk to the Board
180 Horse Landing Road #4
King William, VA 23086
Fax: (804) 769-4964
Email: blangston@kingwilliamcounty.us

Date Received _____
Copy to Board _____
Updated _____

This application will be kept on file for 2 years. Thank you for your application.