

CITY OF LEXINGTON

P.O. Box 922

300 East Washington Street

Lexington, Virginia 24450

[540] 462-3700; fax [540] 463-5310

BOARDS & COMMISSIONS APPLICATION

Name: _____

City Resident Since: _____

Address: _____

Home Phone: _____

Work Phone: _____

Board(s) of Interest: _____

Reason for Interest: _____

Background (education, work experience, etc.): _____

Applicant signature

Date

Return to:
City Manager's Office
P.O. Box 922
300 East Washington Street
Lexington, Virginia 24450