

APPLICATION

CITY OF HUDSON

Municipal Services Center
115 Executive Parkway, Suite 400
Hudson, Ohio 44236-1693

NAME _____

ADDRESS _____

TELEPHONE NUMBERS: HOME _____ BUSINESS _____

CELL _____

E-MAIL ADDRESS _____

YEARS OF RESIDENCE _____ ARE YOU A REGISTERED VOTER? _____

I am interested in serving on the _____ Board/Committee/Commission.

QUALIFICATIONS: Please provide additional information, including educational and professional background, which may assist Council in its review. (Append additional pages and/or a resume, if desired.)

NOTE: Applicants must be a resident of the City of Hudson, Ohio, for two years prior to appointment and must remain a resident during the entire term. Only registered voters will be considered for open positions on boards and commissions.

(Revised 4/14/2017)