



Application for Service
City of Fountain Inn - Boards and Commissions

Name: _____ Home Phone: _____

Home Address: _____ Zip: _____

Mailing Address (If different): _____

E-Mail Address: _____

Board/Commission Preference: _____

City of Fountain Resident: _____ Yes _____ No County: _____

City Ward (Please Circle One) 1 2 3 4 5 6 Mayor

Daytime/Business Telephone Number: _____

Business/Firm: _____

Business Address: _____ Zip: _____

Position/Occupation: _____

How did you hear of City Boards and Commissions? _____ City Staff _____ City Council Member
Other _____

Background information you consider important to this application (including education, family, civic
interest/organizations, etc.) _____

Reasons for wanting to serve on a City Board/Commission: _____

List any governmental Boards/Commission on which you are currently serving on or have served on in the past:

Please read carefully the following statement before signing: I am willing to devote the time necessary to carry out
the responsibilities and requirements of serving on a City of Fountain Inn Board/Commission.

Signature: _____ Date: _____

RETURN APPLICATION AND/OR RESUME TO:

Clerk of Public Works • City of Fountain Inn • 315 North Main Street • Fountain Inn, SC 29644