



TOWN OF AVON

60 West Main St. Avon, CT 06001-3743
www.town.avon.ct.us

**POLICE, FIRE & MEDICAL
EMERGENCY** - 911

TOWN MANAGER'S OFFICE
Tel. (860) 409-4300
Fax (860) 409-4368

ASSISTANT TOWN MANAGER
Tel. (860) 409-4377
Fax (860) 409-4368

ACCOUNTING
Tel. (860) 409-4339
Fax (860) 677-2847

ASSESSOR'S OFFICE
Tel. (860) 409-4335
Fax (860) 409-4366

BUILDING DEPARTMENT
Tel. (860) 409-4316
Fax (860) 409-4321

COLLECTOR OF REVENUE
Tel. (860) 409-4306
Fax (860) 677-8428

ENGINEERING DEPARTMENT
Tel. (860) 409-4322
Fax (860) 409-4364

FINANCE DEPARTMENT
Tel. (860) 409-4346
Fax (860) 409-4366

FIRE MARSHAL
Tel. (860) 409-4319
Fax (860) 409-4321

HUMAN RESOURCES
Tel. (860) 409-4303
Fax (860) 409-4366

LANDFILL
281 Huckleberry Hill Rd.
Tel. (860) 673-3677

PLANNING & ZONING
Tel. (860) 409-4328
Fax (860) 409-4375

POLICE DEPARTMENT
Tel. (860) 409-4200
Fax (860) 409-4206

PROBATE
Tel. (860) 409-4348
Fax (860) 409-4368

PUBLIC LIBRARY
281 Country Club Road
Tel. (860) 673-9712
Fax (860) 675-6364

PUBLIC WORKS
11 Arch Road
Tel. (860) 673-6151
Fax (860) 673-0338

RECREATION AND PARKS
Tel. (860) 409-4332
Fax (860) 409-4334
Cancellation (860) 409-4365

REGISTRAR OF VOTERS
Tel. (860) 409-4350
Fax (860) 409-4368

SOCIAL SERVICES
Tel. (860) 409-4346
Fax (860) 409-4366

TOWN CLERK
Tel. (860) 409-4310
Fax (860) 677-8428

TDD-HEARING IMPAIRED
Tel. (860) 409-4361

If you are interested in the well-being and betterment of our community and are willing to put in the time to review appropriate material and attend meetings, this is an opportunity for you to fill out the application below. This application will be reviewed by the Town Council who is responsible for making appointments whenever a vacancy occurs in the area of your interest. Please submit this completed application along with your resume.

APPLICATION FOR APPOINTMENT TO A BOARD/ COMMISSION/COMMITTEE

LIST THE BOARD/COMMISSION/COMMITTEE YOU ARE INTERESTED IN SERVING:

NAME: _____

ADDRESS: _____

HOME PHONE # _____ WORK # _____

EMAIL ADDRESS: _____

ARE YOU A REGISTERED VOTER IN THE TOWN OF AVON _____
IF SO, PLEASE INDICATE AFFILIATION: _____

PRIOR CIVIC INVOLVEMENT: _____

SHORT SYNOPSIS OF EXPERTISE AND/OR INTEREST:

Signature: _____ Date: _____

Return to: Office of the Town Manager
60 West Main Street
Avon, CT 06001

Please note that all Board/Commission/Committee members are subject to the Town of Avon's Conflict of Interest Policy.