HIGHTSTOWN BOROUGH CITIZEN LEADERSHIP FORM

I,	, hereby apply to perform public
service on the following municipal authorit	
1)	
2)	
Name:	
City, State, Zip:	
	r experience, work related experience; or other civic authorities, boards or commissions which you listed r resume as needed.
Personal Information N	Not Subject to Public Disclosure*
Primary Phone Number:	
Address of Residence:	
Email Address:	
*The information in this section is considered person purpose of P.L. 1963, c. 73 (C.47:1A-1 et seq.) and	onal information, and is therefore deemed confidential for the P.L. 2001, c. 404 (C.47:1A-5 et al.).

Please return completed form to Hightstown Borough Clerk priggio@hightstownborough.com