

APPLICATION FOR BERTIE COUNTY AUTHORITIES, BOARDS, COMMISSIONS, AND COMMITTEES

Name:	
Home Phone Number:	Mobile:
Home Fax Number:	
Email Address:	
Home Address:	
Mailing Address:	
Are you a full-time resident of Bertie County?	Yes No
How long have you been a full-time resident o	of Bertie County?
Do you live within any corporate or town limit	ts? Yes No Which:
County Commissioner District:(This information can be obtained from the Be	ertie County Board of Elections at 252-794-5306)
Occupation:	Employer:
Business Address:	
Business Phone Number:	Business Fax:
Please list in order of preference the Boards/Co. 1 2	ommissions/Committees on which you would like to serve: 3 4
Qualification for specific category:	
Name of any Bertie County Board/Commissio	on/Committee on which you presently serve:

If reapplying for a position you presently hold, how long have you served?		
Based on your qualifications and Commission/Committee would be	d experiences, briefly describe why your services on this Authority/Board/be beneficial to the County:	
Do you have any delinquent Ber	tie County taxes?No	
•	pertinent: (i.e., education, occupational background, civic memberships, related sary, you may add additional pages:	
CODE OF ETHICS		
	nd by my signature below, I pledge that, if appointed, I agree to comply with the ted by the Bertie County Board of Commissioners.	
Date: Applicant'	s Signature:	
Return application to:		
LaShonda Cartwright PO Box 530		
106 Dundee Street Windsor, NC 27983		
Fax: (252) 794-5327		
lashonda.cartwright@bertie.nc.g	<u>,0V</u>	
Note:		
*All information on this docume request.	ent is subject to the Public Records Law and will be released to the public upon	
Clerk to the Board's Office for a	ain current for two years. Following that, the applicant may wish to contact the an updated form. in the Clerk to the Board's Office 7 days prior to consideration for	
	FOR OFFICE USE ONLY	
Date Received:	Received By:	