

ELBERT GIBSON
MAYOR

TIM SMITH
ATTORNEY

TOWN ADMINISTRATOR

COMMISSIONERS

DEBRA McNEILL
TOWN CLERK

JOHN GUDAUSKAS, JR.
DEBORAH INMAN
W. EVANS JACKSON
JERRY M. QUICK
ANNIE LAURA STEPHENS
DONNA PATTERSON

STEVE DOLLINGER
CHIEF OF POLICE

DANIEL L. HOLLOMAN
PUBLIC WORKS DIRECTOR



ST. PAULS, N.C. 28384

The Town of St. Pauls Board of Commissioners has adopted this application for use by individuals interested in appointment to the Town's advisory boards and commissions. To ensure that your application will receive full consideration, please answer all questions **completely**. Incomplete applications will **NOT** be considered. **Return this application either in person, by mail/fax/email to: Town Clerk, Town of St. Pauls, 210 W Blue St., NC 28384. debra@stpaulsnc.gov Fax (910-865-3849).**

Personal Information

NAME: _____ DATE: _____

PERFERED NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY, STATE, ZIP: _____

Do you live inside the town limits of St. Pauls? Yes _____ No _____

EMAIL ADDRESS: _____

PHONE NUMBER(S): MAIN _____ CELL _____

Board of Commission Preference

Please list the name of the board or commission to which you are applying or seeking reappointment. (You may apply for more than one; however you must submit a separate application for each board or commission you apply for. You will only be considered for one board or commission seat).

Board or Commission Preference: _____

Are you currently serving on a board or commission of the Town St. Pauls? Yes _____ No _____

If so, what is the name of the board? _____

Why do you wish to serve the Town in this capacity? If additional space is needed please attach a separate sheet.

Background Check (Only Applicable if applying for ABC Board)

I, _____, do hereby give St. Pauls Police Department permission to run a background check. (Please bring driver's license when returning application).