

Town of Cedar Lake

7408 Constitution Ave – PO Box 707 – Cedar Lake, IN 46303

Tel (219) 374-7000 – Fax (219) 374-8588



Board and Commission Application

Name: _____ Driver's License #: _____

Street Address: _____ P.O. Box _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

When would be the best time to reach you? _____

Political Affiliation _____ Democrat _____ Republican _____ Other _____ None

Applicant must be a resident of Cedar Lake and have proof of such residency. Proof of residency shall consist of a valid driver's license, a telephone bill and two (2) pieces of mail other than a utility bill addressed to you. Please attach copies to this application.

Please see reverse side to select the Board and/or Commission you wish to serve.

Please explain briefly why you wish to serve on this Board or Commission. What qualities do you possess that would be beneficial to serving the people of Cedar Lake?

I swear and affirm under the penalties for perjury, that the information, statement(s) and representation(s) contained herein is (are) accurate and true to the best of my knowledge and belief. I understand and acknowledge that I may be called to testify under oath concerning the matters I have documented here.

Signature of Applicant _____ Date: _____

See Reverse side for Board and Commission list and check those that apply.

Board and Commission List
Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Board of Zoning Appeals | <input type="checkbox"/> Redevelopment Authority |
| <input type="checkbox"/> Park Board | <input type="checkbox"/> Redevelopment Commission |
| <input type="checkbox"/> Plan Commission | <input type="checkbox"/> Storm Water Board |
| <input type="checkbox"/> Police Commission | <input type="checkbox"/> Unsafe Building |

The Town of Cedar Lake will conduct background checks on all applicants.

Please attach any references and/or pertinent information

Personal Injury Waiver

Authority for Release of Information

To: Concerned Person or Authorized Representative of any Organization, Institution or Repository of Records

Re: Applicant Name: _____
(Please Print)

Employing / Appointing Agency Requesting Background Information: Town of Cedar Lake

I _____ respectfully request and do hereby authorize you to furnish to the Cedar Lake Police Department any and all information that you may have concerning my work record, military record, reputation, financial credit status, membership information and criminal history information. This information may be used to assist the Town of Cedar Lake in determining my qualifications and fitness for a position that I am seeking with the Town of Cedar Lake. A copy of this form may substitute for the original.

I hereby release you, your organization or others from any liability or damage that may result from furnishing the information requested above.

Applicant's Signature Date

Street Address City State Zip Code

STATE OF: _____

COUNTY OF: _____

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore. Sworn to and prescribed to in my presence this _____ day of _____, 20_____

My Commission Expires: _____
Notary Public