

Town of Cedar Lake

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

Tel (219) 374-7400 – 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

Please list your board choices:

Choice 1: _____ Choice 2: _____

☐ Any board or commission. (Check the box to the left if you are open to any board or commission.)

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?

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 or state identification card. Please attach a copy to this application.

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: _____

The Town of Cedar Lake will conduct background checks on all applicants.
Please attach any references and/or pertinent information.