



TOWN OF KILL DEVIL HILLS

Application for Boards, Committees & Commissions

**Return
completed
application**

Mail: Office of Town Clerk, P.O. Box 1719, Kill Devil Hills, NC 27948
Hand deliver: Office of Town Clerk, 102 Town Hall Drive, Kill Devil Hills, NC
OR Email: info@kdhnc.com

Name: _____

Phone number: _____ Email: _____

Home /Mailing address: _____

Business Name (if applicable): _____

Business Address: _____

Boards / Committees in which I am interested (check all that apply):

- Board of Adjustment (5:00 p.m., last Tuesday of month)
- Community Appearance Commission (8:30 a.m., fourth Thursday of month)
- Dangerous Animal Appeal Board (as needed)
- Historic Landmarks Commission (8:30 a.m., first Tuesday of month)
- Personnel Board (as needed)
- Planning Board (5:30 p.m., first and third Tuesdays)
- Street Improvement & Special Projects Committee (as needed, before Planning Board)
- Other: _____

Why are you interested in serving on the board, committee, or commission selected above?

Have you served (or are you currently serving) as an appointee to a Town of Kill Devil Hills board, committee, or commission: Yes No

If "Yes," please list (with service dates):

For Office Use Only		
Date Received	Date Appointed	Date Application Updated
Contacted By	Date Reappointed	



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Please tell the Board about yourself. Include relevant information such as expertise, education, work and/or real-life experience as it relates to the board(s) that you have expressed interest:

Are there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners or for the Town of Kill Devil Hills?

No Yes (please attach an explanation of the possible conflict)

I understand that Town communications (meeting notices, etc.) will be through email; if I miss three consecutive regular meetings that I may be removed from the board / committee / commission. In addition, members are required to attend at least 50% of each meeting in order to be considered present. I also understand that my faithful attendance to any regular, special, and assigned subcommittee meetings during the course of my term is required in order to be eligible for reappointment. I certify that the facts contained in this application are true and correct to the best of my knowledge. This application will be retained in the Office of the Town Clerk for two (2) years and must be updated after that time or it will be considered inactive. I further understand that upon submitting this application to the Town of Kill Devil Hills, this application and all information on it considered a public record under North Carolina law.

Applicant Signature

Date



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Application Addendum for Community Appearance Commission ONLY:

If applying for the Community Appearance Commission, also submit this page.

To aid the Board of Commissioners in selecting members of the Community Appearance Commission, please provide the Board with your insight into the Town's appearance. Identify five characteristics about the Town's appearance that you like and five that you do not care for. Develop the negative characteristics by explaining what you would suggest to improve those characteristics:

Five Characteristics You Like About Kill Devil Hills' Appearance	Five Characteristics You Do Not Care For About Kill Devil Hills' Appearance & How You Would Propose Each Be Improved

Describe your enthusiasm for participating on the Community Appearance Commission by summarizing your overall feelings about Kill Devil Hills and how it can be made better for citizens, businesses, and visitors:

CAC Applicant Signature

Date