

**Town of Lowell**

501 E. Main St.  
Lowell, IN 46356  
219-696-7794



## Board and Commission Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

How many years have you lived in Lowell: \_\_\_\_\_

Do you know of any reason why you may not be able to be covered by a surety bond?  Yes  No

Political Affiliation  Democrat  Republican  Other  None

**Please list your board choice(s):**

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 residents of Lowell?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant must be a resident of Lowell and have proof of such residency. Proof of residency shall consist of a valid driver's license or state identification card.**

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 certify that I have received a copy of the Town of Lowell Ethics Ordinances attached and agree to abide by any and all of its provisions if appointed.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

The Town of Lowell may conduct background checks on applicants.  
Please attach any references and/or pertinent information.

## Party Affiliation Certification

Indiana law, in some cases, requires that an applicant's partisan affiliation be considered when making appointments to certain boards and commissions. For the boards and commissions affected, state law (IC 36-1-8-10) requires that an appointment to a board or commission be conditioned upon the political affiliation of the appointee, or that the membership of a board not exceed a stated number of members from the same political party, at the time of an appointment. One (1) of the following must apply to the appointee:

- (1) The two (2) most recent primary elections in Indiana in which the appointee voted were both primary elections held by the party with which the appointee claims affiliation.
- (2) If the appointee has never voted in a primary election in Indiana, the appointee is certified as a member of that party by the party's county chair for the county in which the appointee resides.

I voted \_\_\_\_\_ in the two (2) most recent primaries.

I am certified as a \_\_\_\_\_ by the party county chair, (attach certification)

I certify by my signature that I meet state law requirements of an appointment to a board or commission as outlined in IC 36-1-8-10. I authorize the Town of Lowell to verify all of the aforementioned information provided.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_