



For Office Use Only		
Date Received	Time	Registered to Vote in Rowan County

Application for Appointment to Board of Aldermen

Name: _____
Physical Address: _____
Mailing Address: _____
Phone Number: _____ Cell Number: _____

Do you reside within the town limits of Granite Quarry? Yes: _____ No: _____ Length of
Are you registered to vote in Rowan County? Yes: _____ No: _____ Residency: _____

Why do you want to serve on the Board of Aldermen? _____

Why do you think you would be an asset to this Board? _____

Are you presently serving on a Board / Committee / Commission for Granite Quarry?
Yes: _____ No: _____ If so, please list: _____

Are you presently serving on a Board / Committee / Commission or similar group in another municipality or county?
Yes: _____ No: _____ If so, please list: _____

Interests / Skills / Areas of Expertise: _____

Do you have prior experience with a local government or public agency?

Yes: _____ No: _____ If so, please explain: _____

Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed against you in any jurisdiction? Yes: _____ No: _____ If yes, please explain disposition:

Are there any conflicts of interest or other matters that would create problems or prevent you from Fairly and impartially discharging your duties as a member of the Board? Yes: _____ No: _____ If yes, please explain: _____

I understand this application is a public record and I certify that the facts contained in this application are true and correct to the best of my knowledge.

I understand that regular attendance at Board meetings is essential to the conscientious representation of the residents of the Town of Granite Quarry and that, should I be appointed to Board, I will be responsible for representing the best interest of the residents of the Town.

I understand that, should I be appointed to the Board of Aldermen, full disclosure of conflicts of interest and potential financial gain from any matter brought before the Board must take place prior to any discussion or vote, and that when deemed appropriate, I must recuse myself from discussion and action taken by the Board.

Signature: _____

Date: _____

Return completed form to:

Town of Granite Quarry

Attn: Town Clerk

PO Box 351

Granite Quarry, NC 28072

admin@granitequarrync.gov