Received:

TOWN OF NORRIDGEWOCK TAX INCREMENT FINANCING (TIF) ADVISORY COMMITTEE VOLUNTEER APPLICATION

All individuals interested in being considered for appointment by the Norridgewock Select Board to serve on the TIF Advisory Committee must complete this application and return it to the Town Office.

| CONTACT INFORMATION | |
|---|---|
| Name | |
| Mailing Address | |
| Street Address | |
| Home Phone | Cell Phone |
| Email | |
| AVAILABILITY | |
| If any, please list any meeting times that are in | nconvenient to your schedule on a regular basis: |
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| | |
| | or qualifications do you maintain that may benefit aclude previous volunteer work, professional work, |
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| BIAS AND/OR CO | NFLICTS | | |
|-------------------------|-------------------------------------|------------------|---|
| potential biases and/o | or conflicts of interest th | nat may preven | execution, please disclose any at you from impartially advising on the |
| administration of TIF | expenses. Disclosures | may include c | urrent or potential investments, |
| business interests, rea | al estate, etc. | | |
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| CONTACT INFOR | MATION DICCLOSI | IDE | |
| | EMATION DISCLOSU | | with other Town of Namidaevas de |
| | | et information | with other Town of Norridgewock |
| groups or committees | | | Ma |
| | Yes | | No |
| If you what informat | ion may be shared? Che | ook all that any | alv. |
| = | tion may be shared? <i>Che</i> Name | еск ан тан арр | Cell Phone |
| | | | |
| Ц | Address | | Email |
| | Home Phone | | |
| BACKGROUND IN | NVESTIGATION AUT | THORIZATIO | ON |
| On January 20, 201 | 6, the Select Board vote | ed to perform | background checks on any individual |
| over 18 years of age | involved in Town progr | rams. Please ei | nsure this form is completely filled out. |
| This form may be co | ompleted after an appo | ointment has b | peen made; however, the appointment |
| | gent upon the results of t | | |
| | | | |
| I, | | | , |
| (please include midd | lle initial, list of maiden | names, forme | er names/aliases, etc.), understand that |
| | • - | - | f Tax Increment Financing Advisory |
| Committee member, | , a full background inv | vestigation is | necessary. I, therefore, authorize the |
| Town of Norridgewo | ock, Maine to conduct ar | n investigation | which may include but not be limited |
| to: verification of in | formation provided by | me to the To | wn, a Criminal History Record check |
| through the Maine St | tate Bureau of Identifica | ation, and a Ma | aine Driving Record check. |
| | | | |
| | | | |
| D . | | <u></u> | |
| Date | | Signature | |