# PORTSMOUTH CITIZEN RESPONSE TASK FORCE APPLICATION

Name:_____ Telephone:_____

Street address:_____

Mailing address (if different):_____

Email address: _____

How long have you been a resident of Portsmouth? _____

Occupational background:

_____

_____

Please list experience that would be beneficial to this Task Force:

_____

_____

_____

Please list two character references not related to you or city staff members: ***(Portsmouth references preferred)***

1)_____
Name, address, telephone number

2)_____
Name, address, telephone number

Signature :_____ Date: _____

***Please submit application to the City Clerks Office, 1 Junkins Avenue, Portsmouth, NH 03801 or via e-mail: klbarnaby@cityofportsmouth.com***