



TOWN OF WINFIELD  
10645 RANDOLPH STREET  
WINFIELD, IN 46307

Phone: 219-662-2665 Facsimile: 219-663-2431

STORMWATER BOARD  
APPLICATION

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Time to call: \_\_\_\_\_

Political Party Affiliation: Republican\_\_\_ Democrat\_\_\_ None \_\_\_

Other (name of party): \_\_\_\_\_

Can you devote one (1) evening a month to this appointment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Can you serve a three (3) year term?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Briefly, explain why you feel you qualified to be appointed; and meet the State requirements for appointment:

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