



TOWN OF WINFIELD
10645 RANDOLPH STREET
WINFIELD, IN 46307

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

WATER 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 every other month to this appointment?

_____ Yes _____ No

Can you serve a four (4) year term?

_____ Yes _____ No

What subdivision do you reside in? _____

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