

## **Appointment Form**

| This is to certify th                     | at the Board of Selectmen of the town of,  |
|---|--|
| hereby appoint                            |  |
| whose mailing add                         | ress is  |
| Phone (H)                                 | (C)  |
| (W)                                       | E-Mail Address   |
| To be the Town's repre                    | sentative to the Board of Supervisors of the Rutland County Solid Waste District |
| And                                       |  |
| This is to certify th                     | at the Board of Selectmen of the town of,  |
| hereby appoint                            |  |
| whose mailing add                         | ress is  |
|   | (C)  |
| (W)                                       | E-Mail Address   |
| To be the Town's alterr<br>Waste District | ate representative to the Board of Supervisors of the Rutland County Solid       |
| Select board Au                           | ithorization:  |
|   | Deter  |

| Date:  |  |
|--------|--|
| Ву:    |  |
| Title: |  |