

**Town of Stanardsville  
Town Council  
P. O. Box 152  
Stanardsville, VA 22973**

**APPOINTMENT PROFILE**

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

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

City, State, Zip: \_\_\_\_\_

Desired Appointment: \_\_\_\_\_

Length of Residency in the Town of Stanardsville: \_\_\_\_\_

Voting District: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Experience, Training, etc.: \_\_\_\_\_

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Additional Information: \_\_\_\_\_

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