

## Town of Perryville Committee Volunteer Form

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

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

\_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_

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

Committee of Interest: \_\_\_\_\_

Please briefly describe your affiliation with the Town of Perryville (resident, business owner, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred method of contact (Check one)      Email      Phone

Best availability for meetings (Days and times)

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete and submit to Town of Perryville, PO Box 773, 515 Broad St., Perryville MD 21903

Additional questions? Contact 410-642-6066 or visit our website [www.perryvillemd.org](http://www.perryvillemd.org)