



PORTSMOUTH CITIZEN RESPONSE TASK FORCE APPLICATION

Name: _____ Telephone: _____

Street address: _____

Mailing address (if different): _____

Email address: _____

How long have you been a resident of Portsmouth? _____

Occupational background:

Please list experience that would be beneficial to this Task Force:

Please list two character references not related to you or city staff members: *(Portsmouth references preferred)*

1) _____
Name, address, telephone number

2) _____
Name, address, telephone number

Signature : _____ Date: _____

Please submit application to the City Clerks Office, 1 Junkins Avenue, Portsmouth, NH 03801 no later than June 3, 2020.