



# 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 or via e-mail: [klbarnaby@cityofportsmouth.com](mailto:klbarnaby@cityofportsmouth.com) no later than May 26, 2020.**