Application Form

Drofilo				
Profile				
Kelly	S	Lamb		
First Name	Middle Initial	Last Name		
kellylamb3113@gmail.com				
Email Address				
OOD lavablaring Dd				
93R lambtown Rd Home Address			Suite or Apt	
Ledyard			СТ	06339
City			State	Postal Code
M. I. T. (000) 004 0004				
Mobile: (860) 334-2961 Primary Phone	Alternate Phor	ne		
Which Boards would you	like to apply for	r?		
Historic District Commission:	Submitted			
Thistoric District Commission.	Gabriittea			
Education & Experience	· · · · · · · · · · · · · · · · · · ·			
Zadation a Exponent				
Please tell us about yourse	If and why you w	ant to serve.		
Why are you interested in	serving on a b	oard or commis	sion?	
Daing part of the Lamb family	, and nort of this t	aug ainea my yeu	uth I have always had	an interest in
Being part of the Lamb family history and our town's history			-	
could be a contributor to this	•	•		,
Community Involvement				
Community Involvement				
I've currently been volunteeri	-			-
property i have been trying to more direct way to the comm		r colonies. This w	ill be my first opportuni	ity to contribute in a
more direct way to the comin	iuriity.			
Educational Background				
See resume				
Mary Wade Home	Controlle	er		
Employer	Job Title			
2023 Lamb Kelly Resume.	<u>doc</u>			
Upload a Resume				

Submit Date: Jul 09, 2023

Party Affiliation



Unaffiliated
 Unaffiliated

✓ Independent

Disclaimer & FOIA Information

Your attendance and active participation is important for the Committee to conduct its business. Any member of a Commitee/Commission/Board who is absent from three (3) consecutive regular meetings and any intervening duly called special meetings shall be considered to have resigned from the Committee and the vacancy shall be filled, except that the Committee may vote to waive attendance requirements in each case where illness or other extenuating circumstances make it impossible for a member to meet the attendance requirements. It shall be the responsibility of the Chairman of the Committee to notify the Town Council or Mayor's office when a member has not properly performed his/her duties.

Please Agree with the Following Statement

If selected as a board member, I understand that information on this application is subject to the Freedom of Information Act (FOIA) and may be disclosed to anyone requesting this information.

✓ I Agree

Signature (type full name below)

Kelly S. Lamb