

## Application Form

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### Profile

Anne

First Name

T.

Middle  
Initial

Roberts-Pierson

Last Name

ar-pierson@att.net

Email Address

4 Anderson Drive

Home Address

Suite or Apt

Gales Ferry

City

CT

State

06335

Postal Code

Home: (860) 464-8101

Primary Phone

Home: (860) 772-4694

Alternate Phone

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### Which Boards would you like to apply for?

Historic District Commission: Submitted

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### Education & Experiences

Please tell us about yourself and why you want to serve.

#### Why are you interested in serving on a board or commission?

I would like to be of service to our town. I have the time, some energy, life experience, and while I cannot do everything, I can do something. I'd like to make use of my life while I have it.

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### Community Involvement

Former member of Ledyard Historic District Commission, 2005.- 2008, possibly starting 2001 or 2002 Former member of Ledyard Conservation Commission, 2003-2010 Ledyard Senior Center Meals-on Wheels driver, 2006 to 2007 timeframe Dow Community Advisory Panel member 2011-present Eastern CT Conservation District Board member 2010-2020 Avalonia Land Conservancy Board member and Office of President 2004 - 2011 Groton Open Space Association Board member 20teens Avery Copp House Board member 20teens

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### Educational Background

Graduate University of Connecticut 1979

None

Employer

Retired

Job Title

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Upload a Resume

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**Party Affiliation****Party Affiliation \***

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☒ Independent

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**Disclaimer & FOIA Information**

Your attendance and active participation is important for the Committee to conduct its business. Any member of a Committee/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**

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**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.**

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☒ I Agree

**Signature (type full name below)**

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Anne T. Roberts-Pierson