

Application Form

Profile

Milton

First Name

D

Middle
Initial

Schroeder Jr

Last Name

mltnschroeder@yahoo.com

Email Address

290 Whalehead Rd

Home Address

Suite or Apt

Gales Ferry

City

CT

State

06335

Postal Code

Home: (860) 464-9327

Primary Phone

Alternate Phone

Which Boards would you like to apply for?

Ad Hoc Committee to Evaluate the Separation of the Planning Commission & Zoning Commission: Submitted

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 use my experience and skill set to help the town, and I have the time to do so.

Community Involvement

Actively working on multiple initiatives with Citizen's Alliance for Land Use (CALU)

Educational Background

Ledyard Public Schools K-8, 12 High Wycombe High School (DODS), UK 9-11 Carnegie-Mellon, Bachelors of Architecture Ecole Polytechnique Federale de Lausanne (Federal Polytechnic Institute Lausanne), Switzerland - Mastery of Timber Construction Berner Fachhochschule (Bernese University of Applied Sciences), Switzerland - Timber Engineering Sciences, major in Structural Engineering

Retired

Employer

Structural Engineer,
Architect, Designer

Job Title

Upload a Resume

Party Affiliation

Milton D Schroeder Jr

Party Affiliation *

☒ Unaffiliated

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

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)

Milton D Schroeder Jr