## **Application Form**

Profile				
Edwin	S	Murray		
First Name	Middle Initial	Last Name		
murrayed9@gmail.com Email Address				
26 Devonshire Dr				
Home Address			Suite or Apt	
Gales Ferry			СТ	06335
City			State	Postal Code
Home: (518) 928-5811	Home: (	(518) 928-5811		
Primary Phone	Alternate Ph	one		
Which Boards would yo	ou like to ap	oply for?		
Planning & Zoning Commis	sion: Not Subi	mitted		
Education & Experien	CAS			
•				
Please tell us about yours				
Why are you interested	d in serving	on a board or co	ommission?	
I believe it is essential to be responsibility of governing must support that principle economic development is k	organizations . Maintaining	is to take care of p our quality of life a	eople first. Every nd searching for	thing we do
Community Involvemen	nt			
In the two and half years liv commit my energies too. The protect our community. Ade position I accepted in servi	he key to any ditionally, I wo	thing I decide to be ould devote the tim	a part of is will i	t improve and/o
Educational Backgroun	d			
- I have been part of the de opening - Lead sales building element to reach success - operation - Held position of regarding franchisee - corp	ng program th President of r Corporate Or	nat included physica restaurant concept mbudsman reportin	al plant changes establishing all s g to CEO. Mediat	as a key tandards of ed cases
Employer	Job Title			

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Upload a Resume

## **Party Affiliation**

Party Affiliation \*

☑ Unaffiliated

## **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 Commitee and the vacancy shall be filled, except that the Committe 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)

Edwin S Murray

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