



**PLANNING AND DEVELOPMENT**

14 NORTH STREET

CLAREMONT, NH 03743

PH: (603) 504-0341 FAX: (603) 542-7033

EMAIL: dbearse@claremontnh.com

**APPLICATION TO SERVE ON THE  
BOARD OF ASSESSORS**

Date: \_\_\_\_\_

<b>Applicant Name:</b>	
<b>Street Address:</b>	
<b>Mailing Address:</b>	
<b>Telephone:</b>	
<b>E-mail:</b>	

<b>Occupation or Place of Employment:</b>	
<b>Employer and Employment Address:</b>	
<b>Employment Telephone:</b>	(     )     -
<b>May you be contacted at work?</b>	<b>Yes or No</b>

<b>Education:</b>	<b>Education or experience in assessing, finance, real estate sales and/or appraisal, and/or construction is required for appointment to this board. Please check all that apply:</b>		
<input type="checkbox"/> Assessing	<input type="checkbox"/> Education	<input type="checkbox"/> Experience (Years _____)	
<input type="checkbox"/> Finance	<input type="checkbox"/> Education	<input type="checkbox"/> Experience (Years _____)	
<input type="checkbox"/> Real Estate Sales	<input type="checkbox"/> Education	<input type="checkbox"/> Experience (Years _____)	
<input type="checkbox"/> Real Estate Appraisal	<input type="checkbox"/> Education	<input type="checkbox"/> Experience (Years _____)	
<input type="checkbox"/> Construction	<input type="checkbox"/> Education	<input type="checkbox"/> Experience (Years _____)	

**Additional Educational Credentials:**

**Community Experience and Affiliations (both Claremont and Elsewhere):**

<b>How long have you resided in Claremont? (Note: 1 year of residency is required as per Substitute Ordinance #565)</b>	_____ Year(s)
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**Why would you like to serve in this capacity?**

**Have you served on any other City Board/Committee? If yes, which ones and when?**

Have you contacted the Chair of the Board of Assessors to determine the time commitment involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you commit to being available to sign documents as required by the City Assessor or the assessing staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you attended any meetings of the Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you commit to attending all meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide a brief biography. Attach resume, if desired.	
Are you related to any City employee or member of any City Board/Committee, or have you ever conducted business with the City, any of its employees or members of the City's Boards/Committees? Provide details	

Have you now or have you ever been cited for violating any local, state or federal ordinance, law or regulation related to land use, property maintenance, International Building Codes, or other legal requirement pertaining to the subject of the Board/Committee for which you are applying? Provide details.
If appointed you will be required to successfully complete and pass the NH Dept. of Revenue Administration State Statute Course Parts 1 and 2 within the first two years of service on the board. Your signature below confirms your commitment to this requirement.
_____
<b>Signature</b>

**BY SUBMITTING THIS APPLICATION, YOU UNDERSTAND THAT:**

1. All members of City Boards/Committees are subject to the City's **Code of Conduct**;
2. This application is for consideration and does not mean you will necessarily be appointed to this board;
3. You may be contacted to follow-up on any questions pertaining to this application;
4. All applicants are required to submit their application to the Resource Coordinator;
5. All board members are required to be sworn in before they can participate in or vote at any meetings;
6. At the end of your term, if you would like to be re-appointed you will be required to submit a new application and be sworn in.

By my signature, I confirm that I have read and confirm my understanding of the above items.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**