

ADMINISTRATIVE CONTROL BOARD APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____

*EMAIL: _____

***APPLICANTS MUST HAVE AND USE EMAIL TO BE CONSIDERED FOR THE POSITION OF ACB MEMBER.**

1. Owning property in New Harmony, Utah does not qualify a person to be considered for a board position. A candidate must be at least eighteen (18) years old, own property and reside, in New Harmony, Utah at time of selection. Are you a voting resident of New Harmony? YES NO

2. Do you understand that the tenure for the position of ACB member is four (4) years and are you willing to commit to that term of public service?
YES NO

3. Please describe why you wish to be considered for an ACB member position?

SIGNATURE

DATE

INSTRUCTIONS: This is a fillable pdf form. Please complete and submit to the board by email at: helpdesk@nhfd.utah.gov or you may print it and drop it off at the Kolob Main Fire Station.