



## **Centreville Board of Supervisors of Elections Application**

**Citizens Interested in Seeking Appointment to the Centreville Supervisors of Elections Board are asked to Complete This Form.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

How long have you lived in Centreville? \_\_\_\_\_

**1.) Why are you interested in a position on the Supervisors of Elections Board?**

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**2.) Have you served on other municipal or county boards and / or commissions? Describe:**

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**3.) What, in your opinion, would constitute a conflict of interest for an individual in public service?**

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