



Check One:  Initial Application  
 Reappointment Application

### TOWN OF HAMPDEN APPLICATION FOR TOWN BOARDS AND COMMITTEES

NAME: CUPPLES WALTER K.  
LAST FIRST MI

ADDRESS: 42 MAIN ROAD NORTH HAMPDEN 04444  
STREET TOWN ZIP

MAILING ADDRESS (if different): \_\_\_\_\_

TELEPHONE: 862-6136 944-0335  
HOME WORK CALL

EMAIL: WALTERDES@AOL.COM

OCCUPATION: CUSTOMER SERVICE REP 2

BOARD OR COMMITTEE PREFERENCE:

FIRST CHOICE: BOARD OF APPEALS

SECOND CHOICE (OPTIONAL): \_\_\_\_\_

How would your experience, education and/or occupation be a benefit to this board or committee? I HAVE HAD A 25 YEAR CAREER IN 12 DIFFERENT INDUSTRIES

HELPING ORGANIZATIONS DEVELOP COLLABORATIVE RELATIONS AMONG THE VARIOUS PARTS OF THE ENTERPRISES TO ENABLE THEM TO BE MORE PRODUCTIVE. THE SKILLS ACQUIRED COULD BE HELPFUL IN RESOLVING ISSUES IN THE TOWN OF HAMPDEN.

Are there any issues you feel this board or committee should address, or should continue to address? \_\_\_\_\_

3 YEAR  
CONSERVATION COMMITTEE  
BOARD OF ASSESSMENT REVIEW  
PERSONNEL APPEALS BOARD  
LURA HOIT MEMORIAL POOL  
ECONOMIC DEVELOPMENT COMMITTEE  
FRIENDS OF DOROTHEA DIX PARK

DYER LIBRARY  
RECREATION COMMITTEE  
BOARD OF APPEALS  
HISTORIC PRESERVATION COMMITTEE  
TREE BOARD

5 YEAR  
PLANNING BOARD

<b>FOR TOWN USE ONLY</b>		Date Application Received: <u>SEP 15 2015</u>
COUNCIL COMMITTEE ACTION: _____	DATE: _____	
COUNCIL ACTION: _____	DATE: _____	
<input type="checkbox"/> NEW APPT	<input type="checkbox"/> REAPPOINTMENT	DATE APPOINTMENT EXPIRES: _____