



TOWN OF LEWISVILLE  
6510 Shallowford Road, PO Box 547  
Lewisville, NC 27023

**LEWISVILLE PUBLIC ART ADVISORY COMMITTEE APPLICATION**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**EMPLOYMENT AND EDUCATION**

Employer: _____	Graduate? Y/N	Major
Address: _____	High School: _____	
Phone: _____	College: _____	
Email: _____	Graduate School: _____	
Occupation: _____	Other: _____	

Are you a current board/committee member? Yes  No

Board/Committee: \_\_\_\_\_ Original Appointment Date: \_\_\_\_\_

Are you requesting reappointment? Yes  No

Why are you interested in serving on Lewisville's Public Art Advisory Committee? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List what interests, skills, expertise, and/or experience you have that may be of assistance to the Public Art Advisory Committee? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Available date(s) for interview: \_\_\_\_\_

Submit applications to: Town Clerk, Town of Lewisville, PO Box 547, Lewisville, NC 27023 or [townclerk@lewisvillenc.net](mailto:townclerk@lewisvillenc.net).

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Appointed: Yes  No

Recommendation: \_\_\_\_\_