

VOLUNTEER APPLICATION
SCSA#3 WATER ADVISORY COMMITTEE

NAME: _____

ADDRESS: _____

LOT NUMBER _____ **PLAT** _____ **RENT** _____ **OWN** _____

PHONE: _____ **CELL** _____ **EMAIL** _____

LENGTH OF TIME YOU HAVE BEEN A RESIDENT IN SILVER CREEK? _____

BRIEFLY DESCRIBE YOUR INTEREST IN BEING ON THE WATER ADVISORY COMMITTEE:

DO YOU HAVE A WELL OR ARE YOU ON THE SCSA#3 WATER SYSTEM IN SILVER CREEK? _____

ARE YOU A MEMBER OF ANOTHER WATER SYSTEM? _____ IF YES, WHICH SYSTEM _____

COULD YOU ATTEND MONTHLY MEETINGS ON THE FIRST TUESDAY OR THURSDAY EVENING? _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION!