

Town of Raymond
RSU Withdrawal Committee & Subcommittee Application

Name: _____ Interest: Withdrawal Committee Appointment
 Volunteer Study Subcommittee

Email: _____ Phone: _____ Cell: _____

Mailing Address: _____

Were you involved with the RSU #14 Consolidation? Yes No

Do you have an experience with an RSU Withdrawal Process? Yes No

Reason for wanting to be involved with the Committee: _____

Related Background/Skills: _____

Questions or concerns regarding the RSU Withdrawal process? _____

Optional: Professional Resume Attached Yes