

TOWN OF MAYNARD

BOARD/COMMITTEE RESIGNATION FORM

To: Town Clerk
Town of Maynard
195 Main Street
Maynard, MA 01754

Per MGL c. 41 § 109, I, _____,
hereby submit my resignation from the following board/committee:

Board/Committee Name: _____

Position (if applicable): _____

Effective Date of Resignation: _____

Address: _____

Email: _____ Phone #: _____

Reason for resignation (optional):

Signature

Date