



**THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF CHILMARK**

**To:** \_\_\_\_\_  
(Appointee Name)

*We, the Selectmen of Chilmark, by virtue of the authority vested in us by the Laws of the Commonwealth, do hereby appoint you to the* \_\_\_\_\_

(Committee/Board/Commission/Position)

*For a term to expire on:* \_\_\_\_\_

*Appointment shall not become effective until appointee is sworn in by the Town Clerk.*

*Given at Chilmark, this* \_\_\_\_\_ *day of* \_\_\_\_\_,

*Recorded* \_\_\_\_\_ *A.D.* \_\_\_\_\_

\_\_\_\_\_  
BOARD OF SELECTMEN

*Received by Appointee at time of appointment* ☐

I hereby certify that the above named appointee has appeared before me and has been duly qualified for the performance of the duties of the office to which he/she was appointed by being sworn to the faithful performance of said duties on \_\_\_\_\_ and that the record of the appointment and oath have been duly entered in the records of the Town Clerk.

\_\_\_\_\_  
Jennifer L. Christy  
Chilmark Town Clerk

By my signature below, I accept the appointment and I acknowledge that:

1. I have been sworn to the faithful performance of my appointed duties.
2. I have received a copy of the MA Open Meeting Law (OML) (Ch. 39, S. 23B), the OML Guide and the OML Regulations
3. I have received a copy of the MA Conflict of Interest Law Summary and have been informed of the MA Conflict of Interest Law On-line Training Requirement.
4. I have received a copy of the Town of Chilmark's Sexual Harassment Policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email:	
Home:	
Cell:	

Mailing:	
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SAMPLE