



**City of Rockville  
Boards and Commissions  
Reappointment Expression of Interest Form**

(For members seeking reappointment to a City of Rockville Board or Commission)

*If you need this form in another format, please contact our ADA (Americans with Disabilities) Coordinator at 240-314-8108, email [jkelly@rockvillemd.gov](mailto:jkelly@rockvillemd.gov), TTY-240-314-8137 or Relay 711. The City welcomes requests for reasonable modifications for persons with disabilities who wish to serve on or attend Boards, Commissions or Task Force meetings.*

**Date:** \_\_\_\_\_

**Current Board or Commission:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt.#** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Work Phone** (For staff use only): (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Please answer the following:**

**How long have you served on this Board or Commission?** \_\_\_\_\_

**Why do you wish to be considered for reappointment by the Mayor and Council?**

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

**What other information should be considered for your reappointment? (Examples: Ways in which you have personally contributed to the work of the Board or Commission; leadership roles you have held on behalf of the work of the group such as chair, head of a committee or task force)**

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

Please attach an updated resume or additional information (Optional).

Please indicate [  ] **yes** or [  ] **no** whether or not the City may disclose this Expression of Interest Form and any accompanying resume or other information that you provide to the public. Your address and phone number(s) will not be included. Please indicate [  ] **yes** or [  ] **no** whether or not the City may give elected officials who serve Rockville (other than the Mayor and Council) your name and address. This information will not be used for any fundraising or campaign mailings. No phone numbers will be given.

By submitting this Expression of Interest form and any accompanying resume or other information, you agree to the release of this information to the Mayor and Council, to the Board or Commission to which you are applying and to its staff liaison.

\_\_\_\_\_  
Signature

Please return completed and signed form to: [CityClerk@rockvillemd.gov](mailto:CityClerk@rockvillemd.gov)

or mail to: City of Rockville Mayor and Council  
City Clerk/Director of Council Operations  
111 Maryland Avenue  
Rockville, MD 20850