



TOWN OF WEBSTER
350 Main Street, Webster, MA
Committee / Board / Commission Organization Annual Form

Name of Board/Committee/Commission: _____

Number of Members: _____

Date of Reorganization: _____

Please print all information. Unless otherwise indicated, the Chairman is considered the primary contact person for your organization. Use the back of the form if you need extra room. Return form to the Board of Selectmen office at Webster Town Hall.

This is a public record. **Member Names, Office and Term Expiration are posted on the Town's Web Site.**

Member	Office	Mailing Address	Term Expires	Telephone #	Email Address

How often do you meet (monthly, weekly, as needed) and the day of the week: _____