

**EAST STRATFORD
APPLICATION FOR COMMITTEE CANDIDACY**

Please include my name for consideration of a committee appointment by the Board of Directors. I am interested in serving on the following East Stratford Committee(s):

_____ **Landscaping Committee:** The purpose of establishing the Landscaping Committee is to allow the homeowners to provide suggestions and recommendations regarding the look and maintenance in the community and will also assist the Board with specific tasks and assignments such as information gathering, investigations, and other tasks as appropriate.
PLEASE SELECT THE REQUESTED COMMITTEE:
_____ Residential
_____ Phase A&B
_____ Phase C&D

_____ **East Stratford Residential Social Committee:** The purpose of establishing the Social Committee is to allow the homeowners to become involved in creating and organizing social events and to provide suggestions and recommendations to the Board regarding future social activities. The Committee will also assist the Board with specific tasks and assignments as appropriate.

_____ **Architectural Covenants Committee:** The purpose of establishing the Architectural Covenants Committee is to assure that the Property shall always be maintained in a manner that provides for visual harmony and soundness of repair, avoids activities deleterious to the aesthetic or property values, and promotes the general welfare and safety of the Owners.
PLEASE SELECT THE REQUESTED SUB-COMMITTEE:
_____ Phase A&B
_____ Phase C&D

_____ **Welcoming Committee:** The purpose of establishing the Welcoming Committee is to act as a resource for new residents, helping owners and tenants become acclimated to the Community's rules and regulations, and providing information on benefits (e.g. tot lots, pet waste facilities, pool and tennis court, etc.)
PLEASE SELECT THE REQUESTED SUB-COMMITTEE:
_____ Phase A&B
_____ Phase C&D

_____ **Neighborhood Watch Committee:** The purpose of establishing the Neighborhood Watch Committee is to allow the homeowners to advise the Board on matters involving resident safety and security for the community.
PLEASE SELECT THE REQUESTED SUB-COMMITTEE:
_____ Phase A&B
_____ Phase C&D

PLEASE PRINT OR TYPE ALL INFORMATION

NOMINEE: _____
NAME

ADDRESS

HOME/WORK/CELL TELEPHONE NUMBER AND EMAIL ADDRESS

SIGNATURE

Candidate Information: No experience necessary, however, please provide a statement regarding your qualifications, experience, background, and any other information you wish to share with the Board of Directors in support of your candidacy.

Please forward this application to shannon@sequoiamgmt.com or gclark@sequoiamgmt.com