



## Board/Commission/Committee Appointment Recommendation Ranking Form

Date of Interviews: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Please rank the candidates below from your top recommended candidate (#1) to your least recommended candidate (#10). Note that the rankings will be forwarded to the Mayor for consideration.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Additional Comments/Notes: