

Boards & Commissions Application

1. APPLICANT

DATE: _____

Name _____ Home Address _____

City _____ State _____ Zip Code _____ Cell Phone _____

Home Phone _____ Email Address _____

Business Address, if applicable: _____

2. YEARS LIVE IN CITY OF ALGONAC. _____ years

3. REGISTERED TO VOTE IN CITY OF ALGONAC? _____ Yes _____ No

4. CURRENT OR MOST RECENT EMPLOYER.

Name _____ Street Address _____

City _____ State _____ Zip Code _____

5. BOARD OR COMMISSION YOU ARE INTERESTED IN SERVING ON (CHECK ALL THAT APPLY).

- | | | |
|---|--|--|
| <input type="checkbox"/> Board of Review | <input type="checkbox"/> Housing Commission | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Dangerous Buildings | <input type="checkbox"/> Library Board | |
| <input type="checkbox"/> Elections Commission | <input type="checkbox"/> Zoning Board of Appeals | |

6. LIST COMMUNITY ACTIVITIES OR EXPERIENCE RELEVANT TO THE POSITION YOU ARE APPLYING FOR.

7. WHY ARE YOU INTERESTED IN SERVING ON A BOARD OR COMMISSION? _____

8. WHAT DO YOU FEEL ARE THE MOST IMPORTANT ISSUES FACING ALGONAC? _____

9. SIGNATURE REQUIRED

Applicant Signature: _____ Date: _____

Return completed form to City Clerk, 805 St. Clair River Drive, Algonac, MI 48001 or email to cityclerk@cityofalgonac.org.