

## 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](mailto:cityclerk@cityofalgonac.org).