

# CITY OF EAST TAWAS

## BOARDS & COMMISSIONS APPLICATION

Please complete, sign and date application form and return to:

City Clerk's Office

Attn: Boards & Commissions

760 Newman street, East Tawas, MI 48730

Fax: (989) 362-6736 Office: (989) 362-6161

Email: cityhall@easttawas.com

Review the list of Boards and Commissions below and determine your top 3 choices (confirm your preferences by placing a "1", "2" or "3" after the title of the Board or Commission in the space provided). Every effort will be made to accommodate your first three preferences. However, vacancies vary, and demand for some boards may be higher than others so some degree of flexibility is necessary.

Housing Commission

Park Board

Brownfield Redevelopment Authority

Zoning Board of Appeals

Tax Increment Finance Authority

Board of Review

Planning Commission

Urban Development Action Grant

Applicants are encouraged to attend meetings of the groups for which they are applying. All meetings are open to the public, and volunteer help is always appreciated.

APPLICANT INFORMATION (Please type or print answers to all questions):

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City Zip

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date Residency Established: \_\_\_\_\_ Have you served on a Board or commission in another City?  
 Yes  No

If yes, please indicate what City and the Board or Commission: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Professional Qualifications and/or work experience: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Community Activities and/or other experience: \_\_\_\_\_

ACKNOWLEDGMENT:

Because serving on a Board or Commission requires a substantial commitment of time, effort and scheduling on the part of the members, we ask that you carefully consider your schedule before pursuing an appointment to a Board or Commission. By signing below you are confirming your willingness to make a concerted effort to attend every meeting and to fulfill your duties and responsibilities as a member. All information submitted in this application is public information and subject to disclosure in response to a public records request made pursuant to the Freedom of Information Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
*(City Clerk's Office Use Only Below this Line)*

Date Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Signed Acknowledgement:  Yes  No

Appointed:  Yes  No

Meeting Date: \_\_\_\_\_