

CITY OF MADISON HEIGHTS

APPLICATION FOR BOARDS AND/OR COMMISSIONS

Please complete, sign and date application and return to:

City Clerk's Office
300 W 13 Mile Road

Madison Heights, MI 48071

Fax: (248) 588-0204 Email: clerks@madison-heights.org

Indicate the board you wish to apply for with an "x" in the box provided (please use one application per board):

- | | | |
|---|---|---|
| <input type="checkbox"/> Active Adult Center Advisory Board | <input type="checkbox"/> Downtown Development Authority /
Brownfield Redevelopment Authority | <input type="checkbox"/> Multicultural Relations Advisory Board |
| <input type="checkbox"/> Arts Board | <input type="checkbox"/> Elected Officials Compensation Committee | <input type="checkbox"/> Parks & Recreation Advisory Board |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Environmental Citizens Committee | <input type="checkbox"/> Planning Commission* |
| <input type="checkbox"/> Community Development Block Grant Review Committee | <input type="checkbox"/> Historical Commission | <input type="checkbox"/> Police and Fire Retirement Board /
Health Care Benefits Trust |
| <input type="checkbox"/> Construction Board of Appeals | <input type="checkbox"/> Information Technology Advisory Committee | <input type="checkbox"/> Tax Board of Review |
| <input type="checkbox"/> Crime Commission | <input type="checkbox"/> Library Advisory Board | <input type="checkbox"/> Other: |

*Appointment to the Planning Commission will require you to resign from all other Boards/Commissions. (Code of Ordinances Section 2.109 and MCL 125.33(3))

Indicate below why you wish to serve on this Board/Commission and your relevant experience:

Do you currently serve on any other Boards/Commissions?

Yes No If YES, which one(s)? _____

APPLICANT INFORMATION:

Print Name _____
Last
First

Street Address _____ email: _____

Home Phone # _____ Business/Cell Phone# _____

Employer: _____ Occupation: _____

Educational Background: _____

Community Activities and/or Work Experience: _____

Have you ever been arrested and convicted of a misdemeanor or felony? Yes No If YES, provide details: _____

Signature

Date

Thank you for your interest in serving on an Advisory Board or a Commission. This application will be kept on file for ONE YEAR. All information in this application is public information and subject to disclosure in response to public records request made pursuant to the Freedom of Information Act.

