

Application for Appointment City of New Buffalo Boards and Commissions

Note: All board members must live within the City limits for at least a year

Name:		
Home Address:		
Home Phone:	Cell Phone:	
Email:		
Education:		
Occupation:		
Board or Commission	on for which you are applying:	
Are you re-applying	g for a position that you currently hold? YES NO	
If yes, when does ye	our term expire?	
Why would you like	e to be appointed or re-appointed to this board or commission?	
What skills could yo	ou bring to this position? (i.e., education, certifications, life skills)	
	orticipation, or other governmental committees, boards, or community alich you have served.	_
Signature	Date	

By signing this application, you acknowledge that most of this information will be public information and subject to the Freedom of Information Act 442 of 1976.

Please complete this form in its entirety and return to the City of New Buffalo, 224 W. Buffalo St., New Buffalo, MI 49117, Fax: (269)469-7917, or email: afidler@cityofnewbuffalo.org. If additional space is necessary, please attach additional sheets. If you have any questions, please call (269)469-1500.