



**Application for Appointment
City of New Buffalo Boards and Commissions**

Name: _____

Home Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Education: _____

Occupation: _____

Board or Commission for which you are applying:

Are you re-applying for a position that you currently hold? YES NO

If yes, when does your term expire? _____

Why would you like to be appointed or re-appointed to this board or commission?

What skills could you bring to this position? (i.e., education, certifications, life skills)

List membership, participation, or other governmental committees, boards, or community organizations on which 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: clerk@cityofnewbuffalo.org. If additional space is necessary, please attach additional sheets. If you have any questions, please call (269)469-1500.