CITY OF BROWN CITY APPLICATION
FOR APPOINTMENT TO:

_____

Name of Board, Committee or Commission

Name: _____

Address: _____

Email Address: _____

Cell/Home Phone: _____ Work Phone: _____

Employer: _____

Occupation: _____

Do you live within the City Limits of the City of Brown City? Yes ☐ No ☐

If yes, length of time you have lived in the City of Brown City: _____

If you do not live in the City of Brown City , do you have an "interest" in this area?

_____

_____

List your qualifications for the Board, Committee or Commission:

_____

_____

Do you meet the qualifications needed for this Board, Committee or Commission?

_____

_____

Why are you interested in serving on this Board, Committee or Commission?

_____

_____

List any other information you feel would be pertinent in assisting the appointing authority and the City Commission in their selection:

_____

_____

Do you serve on any other City Board, Committees or Commissions?

_____

_____

_____ _____

Applicant Signature Date Submitted

Please return application form online to citymanager@cityofbrowncity.gov

Or mail/deliver to: City Manager, City of Brown City, PO Box 99, Brown City , Michigan 48416