

**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