



APPLICATION FOR APPOINTMENT ON CITY BOARD OR COMMISSION

Mail or Deliver Completed Application to: Administration
ATTN: Michelle Dewey
135 E Maumee Street
Adrian, Michigan 49221

The information in this application is requested to assist the Mayor and/or City Commission in selecting individuals to serve on City Boards & Commissions. Completion of the Application, as well as the Consent & Certification is required for consideration of appointment.

Thank you for your interest in serving on a City of Adrian board or commission. The Adrian City Commission requires that every member of a board or commission meet the following qualifications:

- Appointee is not in default to the City.
- Appointee is a registered elector of the City.
- For most Boards & Commissions, appointee should be a resident of the City.

Board/Commission on which you would like to be considered:

Is this an application for reappointment? Yes ☐ No ☐ How long have you served _____

Name: _____

Home Address: _____

Home Telephone: _____ Cellphone: _____

Email: _____

Are you a United States Citizen Yes ☐ No ☐ Registered Voter Yes ☐ No ☐

City of Adrian Resident Yes ☐ No ☐ At least 18 years of age Yes ☐ No ☐

Have you ever been convicted of any crime? If yes, please explain:

Please indicate any skills/experience that you would bring to this board or commission:

Please briefly describe why you wish to serve on a particular board or commission. Be specific as to your goals and ideas regarding how you wish to contribute to the work of the board or commission:

Relationship to City Officials/Department Heads: Are you, your spouse, or other close family members related to any City Officials or Department Heads? If yes, please explain:

Business relationship: Do you, your spouse, or any close family member currently have a business relationship with the City of Adrian? If yes, please explain:

Present appointments

Board & Title	Dates Served

Previously held appointments

Board & Title	Dates Served

The following information and consent is necessary in order to conduct a proper review of your application for appointment. This information will be kept confidential.

CONSENT AND CERTIFICATION

I consent to the release of information concerning my ability and fitness for the position to which I seek appointment by my employer(s), school(s), law enforcement agencies, and other individuals and organizations, subject to any restrictions which I have included, to the City of Adrian Office of the City Administrator.

I, _____, certify that the information provided
(Please Print)

in this application is, to the best of my knowledge, true and accurate.

Signature: _____ Date: _____