



Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Employer: _____

Address: _____

City/St./Zip: _____

Phone: _____

E-mail: _____

Are you a registered voter in the City of Fremont? Yes No

How long have you lived continuously in the City of Fremont? _____

Are you a grad of Fremont H.S.?

Have you ever been convicted for anything other than a minor traffic violation?

Thank you for your interest in serving on an Advisory Board or Committee.

The Purpose of this form is to provide the Mayor and City Council with basic information about residents considered for appointment.

The Application will be kept on file for two years.

Number the advisory boards or committees for which you would like to apply in the order of your preference:

1=first choice
2=second choice, etc

___ **Downtown Development Authority**

___ **Fremont Community Joint Planning Commission**

___ **Fremont Community Joint Zoning Board of Appeals**

___ **Local Development Finance Authority**

___ **Election Commission**

As City Representative to the:

___ **Fremont Community Recreation Authority Board**

___ **Fremont Area District Library**

___ **Hospital Finance Authority**

___ **Board of Review**

___ **I do not wish to be re-appointed**



City of Fremont



**City Clerk's Office
101 E Main Street
Fremont MI 49412
(231) 924-2101**

(Send Application to above address)

Professional Qualification and/or Work Experience: _____

Community Activities and/or Other Experiences: _____

Educational Background: _____

References: _____

Indicate REASONS FOR DESIRING TO SERVE: _____

Signature: _____

