



# City of Coopersville Board and Commission Application

## Board/Commission

On which Board or Commission would you like to serve? List in order of preference.

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## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City)

Phone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

How long have you continuously been a resident in the Coopersville City Limits? \_\_\_\_\_

Are you a registered voter in the City of Coopersville? \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name) (Phone Number)

Address: \_\_\_\_\_  
(Street Address) (City) (Zip)

Please indicate any information (experience, education, community activities, organizations, etc.), which you think should be considered for your appointment to a Board or Commission.

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Are there any reasons you may have a conflict of interest if you were appointed to a Board or Commission listed above?

\_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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