



City of Coopersville Board and Commission Application

Board/Commission

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

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.

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: _____

Are you presently in default to the City of Coopersville for overdue real or personal property tax, water/sewer bills, special assessment, license fees, ordinance violations, property lien, etc?

_____ Yes _____ No

If yes, please explain: _____

Signature: _____ **Date:** _____

References (Non-family)

Name	Address	Phone No.
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Name	Address	Phone No.
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Thank you for your interest in the City of Coopersville.

For further information, call the City Clerk's Office at 616.997.9731 or kborgman@cityofcoopersville.com

Please return your application to: City of Coopersville
 289 Danforth Street or 616-997-6679 Fax
 Coopersville, MI 49404

Adobe Reader Note: This form cannot be saved if you are using Adobe Acrobat Reader. Please print a copy for signature and return to City Hall.