

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 Inf	ormation		
Name:				
Address:				
	(Street Address)	(City)		
Phone No:				
E-mail:				
	tinuously been a resident in th			
Are you a registered vo	ter in the City of Coopersville?			
Employer:	(Name)	(Phone	(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.			
Name	Address		Phone No.			
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 Coopersville, MI 49404	or	616-997-6679 Fax			

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.