

City of Coopersville Board and Commission Application

Board/Commission

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

		ation		
	Personal Inform	ation		
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 regis	stered voter in the City of Coopersville?	-		
Employer:	(Name)	(Phone N	lumbor)	
	(Name)		lumber)	
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 Commission list	reasons you may have a conflict of interest i sted above?	f you were appointed to a	Board or	
Yes	No			
If yes, please e	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)

Address	Phone No.		
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			
	Address for your interest in the Cit		

Please return your application to: C

City of Coopersville 289 Danforth Street Coopersville, MI 49404

or 616-997-6679 Fax