

CITY OF RIVERVIEW

Application for Board or Commission

PLEASE PRINT OR TYPE

Board or Commission Name _____

Applicants Name _____ E-mail Address _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____ Length of Residency _____

Are you a blood or in-law relative of any City of Riverview elected official, board, commission or committee member; or management employee? Yes No If yes, please list name and relationship:

Have you ever served on or are you presently serving on any other City of Riverview board, commission or committee? Yes NO If yes, please list: _____

Please tell us why you would like to serve on the board, commission or committee you are applying for:

List any educational qualifications, work experience, community or volunteer experience or other qualifications that would help you serve on the board, commission or committee you are applying for:

Signature

Date

Complete Form and Return To:

CITY CLERK'S OFFICE USE ONLY:

**CITY OF RIVERVIEW
CLERK'S OFFICE
14100 CIVIC PARK DRIVE
RIVERVIEW, MI 48193
PHONE: (734) 281-4241
FAX: (734) 281-4228**

Date Filed _____
First Filed _____
Date Registered _____

Attended ___ Of Past ___ Meetings
Excused ___ Unexcused _____