

# 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 \_\_\_\_\_