



CITY OF ROCKFORD
P O BOX 561
7 SOUTH MONROE STREET
ROCKFORD MICHIGAN 49341
616-866-1537

APPLICATION FOR BOARD/COMMISSION APPOINTMENT

Name _____

Commission Applied For: (Check)

Address _____

___ Planning Commission

___ Downtown Development

___ Economic Development Corp.

e-mail address: _____

___ Board of Review

___ Board of Zoning Appeals

Phone Number _____

___ Library Board

___ Construction Board of Appeals

___ Sustainability Committee

___ Any available board

Business/Firm _____

Position/Occupation _____

Work Experience _____

Volunteer Experience/Involvement _____

Previous Experience relevant to the Board appointment _____

Educational Background _____

Briefly describe why you wish to be appointed _____

Do you know of any conflict of interest or reason you should not receive this appointment?

Signed _____ Date _____

You may attach any other information deemed relevant to your appointment. Please return the completed application to the City Clerk's office at the above address.

**If there is no board vacancy your application will remain on file for one year.