CITY OF CHEBOYGAN, MICHIGAN BOARD AND COMMISSION APPLICATION

On which Board or	r Commission would	l you like to serve	e? List in order	of preference.
A				
В				
Name:	First)	(Middle)		(Last)
,	,	,		(Lust)
	(Street Address)			(Zip Code)
City Resident: Ye	es No	5. Hon	ne Phone No:	
Employer/Occupat	tion:			
(Street Address)	(City)	(Sta	ate)	(Zip Code)
Business Telephor	ne No:			
a. E-Mail Address:_		8b. Cell Ph	one:	
Use additional pap	er and include a resu	me if you wish.		oard or Commission.
_	sons you may have a d above? Yes		•	ppointed to a Board on.
1.Will you be able to	o attend regular even	ing meetings? Y	es No_	
2. References (Non-	Family)			
Name:	-			
	Address:		Phon	e:
Name:				e:
3				