



CITY OF MARINE CITY

BOARDS AND COMMISSIONS APPLICATION

Name of Applicant: _____

Address: _____

Telephone: _____

Email: _____

Indicate below which you are interested in serving on (may select more than one):

CITY COMMISSION ☐

PLANNING COMMISSION ☐

BOARD OF REVIEW ☐

HISTORICAL COMMISSION ☐

LIBRARY BOARD ☐

M.C.A.F.A. ☐

T.I.F.A. ☐

ZONING BOARD OF APPEALS ☐

COMMUNITY & ECONOMIC DEVELOPMENT ☐

DANGEROUS BUILDING BOARD OF APPEALS ☐

Please answer the following:

Yes No

- | | | |
|---|--------------------------|--------------------------|
| • Are you a Resident of the City of Marine City | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you a Registered Elector of the City of Marine City | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you in default to the City (Taxes, Water Bills, Etc) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you in violation to the City (Blight, Building, Code, Etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you a State registered Architect or Engineer | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you a Building Contractor | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you currently employed by the City | <input type="checkbox"/> | <input type="checkbox"/> |

Comment on your area of interest and your experience in the community.
Feel free to attach additional pages or a resume.

(Signature)

(Date)

PLEASE RETURN COMPLETED APPLICATION TO THE CITY CLERK