

**CITY OF BAY CITY
APPLICATION FOR APPOINTMENT TO:**



Name of Board, Committee or Commission

Name: _____

Address: _____

Email Address: _____

Cell/Home Phone No: _____ **Work Phone No:** _____

Employer: _____ **Occupation:** _____

Do you reside within the corporate boundaries of the City of Bay City? _____

If so, length of time you have resided in the City of Bay City: _____

If you do not live in the City of Bay City, do you have an "interest" in this area? _____

List your qualifications for the Board, Committee or Commission:

Do you meet the qualifications needed for this Board, Committee or Commission? _____

Why are you interested in serving on this Board, Committee or Commission:

List any other information you feel would be pertinent in assisting the appointing authority and the City Commission in their selection:

Do you serve on any other City Board, Committees or Commissions? _____

Applicant Signature

Date Submitted

Please return form to: Dana Muscott, Deputy City Manager
301 Washington Avenue, Room 307
Bay City, MI 48708