



Date: _____

Name (Mr/Mrs/Ms): _____

Address: _____

City/State/Zip: _____

Phone: _____

Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____

Register voter in the City of Fremont
Y{} or N{}

How long have you lived continuously in
the City of Fremont? _____

Are you a graduate of Fremont Y{} N{}

Have you ever been convicted for anything
other than a minor traffic violation? Y{} or
N{}

**Thank you for your interest in serving
on an Advisory Board or Committee.**

**The Purpose of this form is to provide
the Mayor and City Council with basic
information about residents considered
for appointment.**

The Application will be kept on file for two years.

**Number the advisory boards
or committees for which you
would like to apply for in the
order of your preference:**

**1=first choice
2=second choice, etc**

___ **Board of Review**

___ **Board of Zoning Appeals**

___ **Downtown Development**

___ **Election Commission**

___ **Planning Commission**

___ **I do not wish to be
re-appointed**



***City of
Fremont***

Boards and
Committees
Application

**City Clerk's Office
101 E Main Street
Fremont MI 49412
(231) 924-2101**

(Send Application to above address)

Professional Qualification and/or Work Experience: _____

Community Activities and/or Other Experiences: _____

Educational Background: _____

References: _____

Indicate REASONS FOR DESIRING TO SERVE: _____

Signature: _____

