



*City of Williamston*

161 E. Grand River Avenue, Williamston, MI 48895  
517-655-2774; fax, 517-655-2797; www.williamston-mi.us; info@williamston-mi.us  
Facebook – Williamston City Hall

---

BOARDS & COMMISSIONS APPLICATION

Your interest and expressed willingness to serve the City of Williamston is appreciated. The purpose of this form is to provide the Mayor and Council with basic reference data and information pertaining to any person being considered for appointment to a City Board or Commission. Minimum educational requirements have not been established. Advanced education or college degrees are not necessary to be considered for appointment.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Please Print) LAST FIRST M.I.

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_

---

Please mark your choice(s). If you are choosing more than one, list in priority, i.e. 1 = First Choice, 2 = Second Choice, etc.

- |                                       |   |
|---------------------------------------|---|
| _____ Cemetery Board                  | _____ Downtown Development Authority        |
| _____ Board of Review                 | _____ Zoning Board of Appeals               |
| _____ Economic Development Corp./TIFA | _____ Planning Commission                   |
| _____ Compensation Committee          | _____ Downtown Development Citizens Council |
| _____ City Council                    | _____ Parks & Recreation Commission         |
| _____ Construction Board of Appeals   | _____ Other (specify) _____                 |

Professional Qualifications and/or Work Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Experience and/or Other Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Desire to Serve: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If appointed, do you prefer your mail be sent to: Residence \_\_\_\_\_ Business \_\_\_\_\_

I hereby certify that this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

I understand that if appointed to serve on a City Board or Committee, I will be required to submit a completed Conflict of Interest Disclosure Form as Required by City policy.

\_\_\_\_\_  
Signature

Please complete and return this form to City Clerk, City of Williamston, 161 E. Grand River Ave., Williamston, MI 48895. The information you have supplied will be provided to specific boards, City Council and is also subject to public disclosure under the Michigan Freedom of Information Act. If you have any questions, you may contact the City Clerk's office at 517-655-2774.