CITIZEN'S INTEREST FORM

The following questionnaire is designed to obtain specific information as to your interest and qualifications for serving on a County advisory board/commission. Feel free to utilize the back of this form for additional comments that you may wish to submit. Please return completed questionnaire to the County Administrator's Office, P. O. Box 277, Centreville, Michigan 49032. If you have any questions, please call 467-5617. (Please print or type)

Date: _____ Email Address: _____

Name: _____ Telephone: _____

Home Address: _____
Street City Zip

Employment: _____

Present service activities (i.e.; church, scouts, civic, etc.): _____

_____

Interests: _____

_____

Name of board/commission interested in serving: _____

What special experience, education or interest do you have for serving on this board/commission?

_____

_____

Additional comments: _____

_____

Signature: _____