Pentwater Township

APPLICATION FOR APPOINTMENT TO:

(circle one or more)

- Cemetery Advisory Committee
- Board of Review
- Planning Commission
- Zoning Board of Appeals
- Road Committee

Name			Occupation		
Full Time Resident :	Yes	No			
Home Address	Street/B	Box No.		City	
Home Telephone	hone Business Telephone				
E-Mail Address					
Please indicate experie member of the board/ necessary)					
Volunteer Experiences	S				
Date:			Signature		
Please return this anni-	ication to:	Pentwat	er Townshin Ot	fice	

Please return this application to: Pentwater Township Office 327 South Hancock St. P.O. Box 512 Pentwater, Michigan 49449