

Pentwater Township

APPLICATION FOR APPOINTMENT TO: (check one or more)

- BOARD OF REVIEW
- ELECTION INSPECTOR
- PLANNING COMMISSION
- ROAD COMMITTEE
- ZONING BOARD OF APPEALS

Name _____ Occupation _____

Full Time Resident : Yes No

Home Address _____
Street/Box No. City Zip

Home Telephone _____ Business Telephone _____

E-Mail Address _____

Please indicate experience and/or qualifications that would help make you an effective member of the board/commission for which you have applied. (Add additional page if necessary)

Volunteer Experiences _____

Date: _____ Signature _____

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