

**CITY OF BAY CITY
APPLICATION FOR APPOINTMENT TO:**



Name of Board, Committee or Commission

Name: _____

Address: _____

Email Address: _____

Cell/Home Phone: _____ Work Phone: _____

Employer: _____

Occupation: _____

Do you reside within the corporate boundaries of the City of Bay City? Yes No

If yes, length of time you have resided in the City of Bay City:

If you do not live in the City of Bay City, do you have an "interest" in this area?

List your qualifications for the Board, Committee or Commission:

Do you meet the qualifications needed for this Board, Committee or Commission?

Why are you interested in serving on this Board, Committee or Commission?

List any other information you feel would be pertinent in assisting the appointing authority and the City Commission in their selection:

Do you serve on any other City Board, Committees or Commissions?

Applicant Signature

Date Submitted

Please return application form online to dmuscott@baycitymi.org
Or mail/deliver to: City Manager, Room 309, City of Bay City, 301 Washington Ave., Bay City, Michigan 48708