

Board/Commission Application

Name							
Address]		
Telephone]		
Email]		
Board or Commission Interest							
Special Qualificatio	ns or Interests						
Please consider me responsibility and f	for appointment ulfill the obligation	to the board	or commission	on listed abov pointment.	ve. I am v	willing to	assume the
Signature					Date		

Please complete this application and return it to: City Clerk, City of St. Clair, 547 N. Carney Drive, St. Clair MI 48079