

COOPER TOWNSHIP APPLICATION FOR APPOINTMENT TO BOARDS

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Street City MI Zip

Phone# _____ Social Security# _____

Are you 18 years of age or older? ___ Yes ___ No

Referred by _____

Which of the following boards are you interested in?

Board of Review ___ Planning Commission ___ Library Board ___

Board of Appeal ___ Zoning Board of Appeals ___ Fire Commission ___

Township Board ___ Bldg. Board of Appeals ___

GENERAL

Special study or research work _____

Related skills _____

Signature _____ Date _____