## CITY OF HOWELL

## APPLICATION FOR CITY COUNCIL MEMBER

Deliver completed application to: City Manager's Office

611 E. Grand River Ave. Howell, Michigan 48843

Fax: 517-546-6030

Thank you for your interest in serving on the Howell City Council. A member of the City Council must meet the following qualifications:

- Appointee is not in default to the City.
- Appointee is a registered elector of the City.

Name in Full:		
Home Address:	Phone:	
Place of Employment:	Title:	
Business Address:		
Business Phone:	Business Fax:	
E-Mail Address:		
Length of Residence in City:		
Are you a U.S. Citizen? Yes No No		
Educational Background:		
Occupational Background:		
Community Activities:		

Additional information on experience, qualifications, etc.		
Please comment briefly on why you wish to specific as to your goals and ideas about h Council:	o serve on the Howell City Council. Be ow you wish to contribute to the work of the	
Are you, your spouse, or an immediate fan Department Head? Yes No If		
Do you, your spouse, or an immediate fam relationship with the City of Howell? Yes		
Have you ever been convicted of a crime, offenses, which has not been annulled or expression.  Yes No If yes, please explain.		
References:		
	Relationship to you:	
Telephone:		
	Relationship to you:	
Telephone:		

Signature:	Date:
application is, to the best of my	y knowledge, true and accurate.
I,	, certify that the information provided in this
Howell Office of the City Mana	ager.
individuals and organizations,	, subject to any restrictions, which I have included, to the City of
I seek appointment by my	employer(s), school(s), law enforcement agencies, and other
I consent to the release of info	rmation concerning my ability and fitness for the position to which