## APPOINTMENT TO BOARDS & COMMISSIONS OF CHARTER TOWNSHIP OF UNION APPLICATION

Name:		Date:
Address:		
Phone (home	e)	_(cell) (work)
Email:		
Occupation:		
Please select	t the board you are apply	ring for:
	Zoning Board of Appeals	Must be a Union Township Resident
	_ Board of Review	Must be a Union Township Resident
	Planning Commission	Must be a Union Township Resident
	EDA	Must meet one of the following qualifications:
		Property owner in East or West DDA
		Resident in Union Township
	OTHER *Specify	y Board:
Please state	reason for interest in abo	ove board:
Oth an inform		
		Id be useful in your application review (i.e., past experience, past board raged with the application):
Signature: _		Date: