APPOINTMENT TO BOARDS & COMMISSIONS OF CHARTER TOWNSHIP OF UNION APPLICATION

Name:		Date:
Address:		
Phone (home)	(cell) _	(work)
Email:		
Occupation:		
Please State in	order of preference, area(s) of	interest:
	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 Property owner in East or West DDA Resident in Union Township
	OTHER *Specify Board:	
Please state re	eason(s) for interest in above bo	oard(s):
	tion that you feel would be use rship, etc. A resume is encourag	ful in your application review (i.e., past experience, past ged with the application):
Signature:		Date: