



Glen Arbor Township
 PO Box 276
 Glen Arbor, MI 49636
 (231)334-3539
glenarbor@glenarbortownship.com

APPLICATION FOR TOWNSHIP TRUSTEE

Please attach a resume to your completed application.

| | | | |
|--|--------------------|---------------|--|
| Name: | | | |
| Address: | | | |
| Occupation: | | | |
| Daytime Phone: | Cell Phone: | Email: | |
| Please note your preferred method(s) to be contacted: <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email | | | |
| Glen Arbor Township elector is required for appointment to the Township Board. | | | |
| <input type="checkbox"/> I am a resident of Glen Arbor Township. Number of years? _____ | | | |
| <input type="checkbox"/> I am a registered voter in Glen Arbor Township. | | | |

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| Describe any experiences that led to your desire to serve the community, or attach a letter of interest. |
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Important Public Records Information: All information submitted in this application is public information and subject to disclosure in response to a public records request made pursuant to the Freedom of Information Act. Please contact the Clerk at (231) 334-3539 if you have any questions or concerns about the disclosure of specific information.

Truth and Accuracy: I certify that the information contained on this form is accurate and complete to the best of my knowledge. I understand that all information disclosed on this form will be available to the public as part of a Freedom of Information Act request.

Applicant's Signature

Date

Return completed forms to:
 Glen Arbor Township Supervisor
 PO Box 276
 Glen Arbor, MI 49636
 (231) 334-3539
supervisor@glenarbortownship.com