## SUMMIT TOWNSHIP REQUEST FOR BOARD OR COMMISSION APPOINTMENT

Mail or Personally Deliver to: SUMMIT TOWNSHIP CLERK'S OFFICE 2121 FERGUSON ROAD, JACKSON MI 49203

The Summit Township Board of Trustees appoints individuals to numerous Boards and Commissions. Persons who wish to be considered for appointments should complete the following information.

Last	First	Middle Initial
ADDRESS:		
Street	City	Zip Code
TELEPHONE		
Home (Include Area Code)		Business (Include Area Code)
Name of Board(s) or Commission	(s) to which Appointment i	s Requested:
• •		
Community Activities/Civic Orga	nizations/Boards/Commiss	ions:
Activity/Organization	Length of Membership	Position(s) Held
Employment:		
Current Employer	Position	Dates of Employment
Education:		
Please indicate why you are requ	esting appointment to a Bo	ard/Commission.
Additional Information you feel		
Appointment.		
		DATE
SIGNATURE		DATE

<sup>\*</sup>Summit Township reserves sole right for appointment selection

<sup>\*\*</sup>Request is subject to Freedom of Information Act