

## Allegan County Boards & Commissions Members Consideration of Appointment/Election

Name:		Date:	
		Business:	☎Business:
City:	, Mich. ZIP Code:	<b>**</b> Mobile:	
E-mail Address:			
Seeking appointment/	election to:		
If applicable, which gro	oup or interests would you represent	t if appointed or elected?	
Are you a resident of A	llegan County?	□ YE	S □ NO
Briefly state why you d	esire to be appointed:		
	ific qualifications you possess whick kills, interests, education, experienc cessary.		
Signature of Applicant:	:		

To complete and submit this form, you may:

- fill out the PDF form online, print the completed form, then mail it to the address at right,
- 2 print out the PDF form, complete it by hand, then mail it to the address at right, or
- fill out the PDF form online, save the completed form on your computer, then send the completed PDF form as an attachment to the email address at right.

Send completed form to:

Allegan County Administration 3283 122nd Avenue Allegan, Michigan 49010 Fax: (269) 686-5331 administration@allegancounty.org