



280 S. Maple St., P.O. Box 435 ♦ Grant, MI 49327 ♦ Ph: (231) 834-7904 ♦ Fax: (231) 834-5984

## Application for Appointment to a Grant City Board

*We consider all applicants with respect to the City Charter and the Michigan State Laws Regulating Board Membership.*

**Please Print**

Board(s) Applied For:		
First Name:	Middle Initial:	Last Name:
Street Address:		PO Box Number:
City:	State:	Zip Code:
Phone Number:		E-Mail Address:
Fax Number:	Are you a Registered Voter?	
Time as City Resident?		
Do you Rent or Own Property in the City of Grant?		
List any Relatives serving on Grant City Boards:		
Other Boards you currently reside on:		
I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this Application if deemed necessary by The City of Grant and that I am at least 21 years of age.		
In the event of an Appointment, I understand that false or misleading information given in my Application may result in discharge. I understand that I am required to abide by all rules/ordinances of the City of Grant.		

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date