

## Application for Appointment to Downtown Development Authority Governing Board

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

**Please Print And Fill Out Completely**

First Name:	Middle Initial:	Last Name:
Street Address:		PO Box Number:
City:	State:	Zip Code:
Phone Number:		E-Mail Address:
Fax Number:		Perceived Conflict on Interest if Appointed:
Time as Business Owner in City of Grant?		
Do you Rent or Own Business Property in the City of Grant?		
List any Relatives serving on Grant City Boards:		
Other Boards you currently reside on:		
<p>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.</p> <p>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.</p>		

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

\_\_\_\_\_  
Date