

Sylvan Township

18027 Old US 12

Chelsea, MI 48118

BOARD OR COMMISSION DECLARATION OF INTEREST

Please circle one or more:

Date of Application: _____

Planning Commission

Zoning Board of Appeals

Board of Review

Sylvan Township Sewer and Water Authority

Library Board

CONTACT INFORMATION – Please Print

Name: _____ Address: _____

Phone Numbers: Home _____ Cell _____

Email Address: _____

NOTE: Applications considered for immediate vacancy, must be returned to the Clerks' office 7 days before the next regularly scheduled Board of Trustees meeting.

Education Background

Please include highest grade completed or any degrees held

Employment Background

Include Current or Last Place of Employment and Type of Work Performed

Give Reasons You Are Interested

References

Thank you for sharing your desire to be involved! We appreciate your interest and will be contacting you soon.

DATE Revision: _____

