



City of Walled Lake Application Form for Boards & Commissions

Name: _____ Date: _____

Address: _____

Please Circle One:

Are you over 18 Years of Age? Yes No

Citizen of the United States? Yes No

Are you in Default to the City? Yes No

Telephone: _____ Email: _____

Occupation: _____ Employer: _____

Education and/or Related Experience: _____

Are any members of your family Elected Officials to the City? If so, please list who:

List in order of preference the position(s) you are interested in and appointments which you would accept:

1. _____

2. _____

3. _____

Special Qualifications, if any: _____

Describe why you are interested in this position: _____

Personal:

1. How long have you lived in Walled Lake? _____

2. Previous Residence: _____

3. Have you ever been convicted of a crime (other than minor traffic violations) _____

If so, please provide details: _____



References: List three (3), including name, address, and telephone number. At least two must be city residents.

Name	Address	Phone #

This Section Must Be Completed:

I understand that false statements on this application may be grounds for removal from any office to which I may be appointed.

Signature

Received by: _____ Date: _____

Disposition: _____