**PLEASE USE BLACK INK**

# KALAMAZOO COUNTY BOARD OF COMMISSIONERS
# APPLICATION FOR APPOINTMENT TO:
# THE JURY BOARD

(Term: 6 Years)

1. _____
Name

2. _____
Occupation

3. _____
Home Address Zip

4. _____
Employer

5. _____
Home Telephone

6. _____
Business Telephone

7. _____
E-mail Address

8. Length of residency in Kalamazoo County_____

9. State law provides that a Jury Board shall consist of not more than two members of the same political party. Please identify your political party membership, if any…i.e. democrat, republican, etc.

_____

10. Please list below any community boards on which you serve; your reasons for wishing to serve on the Jury Board; and any background experience which may be of value if you are appointed to the Jury Board.

_____

_____

_____

_____

_____ _____
Date of Application Signature

**PLEASE RETURN THIS APPLICATION TO**: Kalamazoo County Board of Commissioners
Kalamazoo County Administration Building
201 West Kalamazoo Avenue, Room 207
Kalamazoo, MI 49007
TELEPHONE: (269) 384-8111

**APPLICATION STATUS**
**(Office Use Only)**

UPDATED ON: _____

_____

_____

INTERVIEWED ON: _____

APPOINTED TO/ON: _____

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