KALAMAZOO COUNTY BOARD OF COMMISSIONERS
APPLICATION FOR APPOINTMENT TO COUNTY ROAD COMMISSION

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. In what city, township, village do you reside? _____

10. Please list membership on other boards of directors/commissions (attach a separate sheet if needed):

_____

11. Please indicate below the background or experience you have which will be of value to you if you are appointed. Also indicate any reasons for desiring to serve on the County Road Commission (attach a separate sheet if needed):

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

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