

CITY OF LOWELL

Application for Board or Commission Appointment

Name: _____

Address: _____

Telephone Numbers: Home _____ Cell _____

Email: _____

Board or Commission Position Desired: _____

Please give a brief resume of your qualifications for the desired position (you may attach additional information): _____

Signature

Please return application to:

City of Lowell
Attn: City Clerk
301 East Main Street
Lowell, MI 49331

Or by email to:

sullery@ci.lowell.mi.us