



# CITY OF CLAWSON

APPLICATION FOR REAPPOINTMENT TO  
CITY BOARD/COMMISSION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (PLEASE PROVIDE BEST CONTACT NUMBER):

CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BOARD CURRENTLY SERVING ON: \_\_\_\_\_

YEARS SERVED ON BOARD: \_\_\_\_\_

OFFICER POSITION(S) HELD (IF ANY) OR ANY COMMENTS BY APPOINTEE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BOARD CHAIR COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
BOARD CHAIR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BOARD APPOINTEE SIGNATURE

\_\_\_\_\_  
DATE

**OFFICE USE ONLY**

Submitted to City Council for review on: \_\_\_\_\_

Reappointment approved by City Council: YES / NO on \_\_\_\_\_

POLICE & FIRE  
248.524.3477  
FAX: 248.435.4847

PUBLIC WORKS  
248.288.3222  
FAX: 248.288.3973

RECREATION  
248.589.0334

LIBRARY  
248.588.5500  
FAX: 248.588.3114