



APPLICATION FORM MARQUETTE CITY COMMISSION

Please use this form to express your interest in serving on the Marquette City Commission. Completed applications are public documents and are subject to the *Michigan Freedom of Information Act*.

Eligibility Requirements:

Are you a registered voter in the City of Marquette? *	Yes	No
Have you been a City resident for at least 12 months?*	Yes	No
Are you currently in default to the City of Marquette?	Yes	No
Are you related to any elected City Commissioner (including by marriage)?	Yes	No
Do you have any pending litigation against the City?	Yes	No

*According to the City Charter, a candidate to fill a vacancy on the City Commission must have been a qualified and registered elector of the City for at least one year immediately prior to filing for election.

In addition to completing the below application, please attach a narrative explaining your interest in serving on the Marquette City Commission.

Applicant Information

Applicant Name as it Appears on License: _____

Driver's License Number: _____

Home Address: _____ Phone: _____

Occupation: _____ Business: _____

Business Address: _____ Phone: _____

E-Mail Address: _____

Are you currently serving or have you served on any City board or committee? If so, please list and give approximate dates.

Please answer each question in as much detail as possible.

Education/Credentials: _____

Professional activities that relate to the City Commission: _____

Community activities that relate to the City Commission: _____

What talents or experience would you bring to the City Commission? _____

Any other comments or information you wish to provide to the Mayor and City Commissioners?

Are you involved in any personal, professional or business pursuit that would affect your ability to make fair and impartial recommendations as a member the City Commission? Yes No

Are you aware of the meeting schedule and are you available to attend regularly scheduled meetings? Yes No

Signature

Date

I certify that there are no misrepresentations, omissions or falsifications on this application and by signing this application I give consent to the City to conduct a background check to verify the information I have provided.

Please return this form with any attachments to:
City of Marquette Clerk's Office
City Hall, 300 W. Baraga Avenue, Marquette, MI 49855
Return no later than 5 p.m. on Thursday, November 30, 2017