☆☆☆**ONTWA**☆☆☆ **TOWNSHIP**   **Ontwa Township** • **Cass County** • **Michigan**

www.ontwatwp.org • 26225 U.S. 12 • P. O. Box 209 • Edwardsburg, MI 49112 • Fax: (269) 663-0072 • **Phone: (269) 663-2347**

TOWNSHIP OF ONTWA, CASS COUNTY
Appointment Application (Township Committee or Commission)

To assist the Township in making appointments to the various volunteer boards, commissions, and committees, please complete the application, sign, and return it to:

Tina VanBelle, Clerk   FAX: 269-663-0072
Township of Ontwa   Email: clerk@ontwatwp.org

26225 US 12, P.O. Box 209
Edwardsburg, MI 49112

To be appointed to a board, committee or commission seat, you must be a registered voter, a resident of the Township, and you must not be in default to the Township. The term of each board, committee or commission appointment varies and each appointee must be recommended by the Township Supervisor and appointment is to be approved by the Board of Trustees.

I, (Print Name) _____have lived in Ontwa Township for_____year(s)*

At_____in Subdivision (or area) _____
          Street address

Edwardsburg, MI 49112, My Phone number is _____

My Email is: _____

Circle the board, committee or commission that you are interested:

Planning Commission, Zoning Board of Appeals, Board of Review, Wastewater Board, Fire Board, Police Board, Ambulance Board, Election Board of Canvassers

Why are you interested in serving on the board, committee or commissions circled: _____
_____
_____
_____
_____

Give a brief summary of your educational background: _____
_____
_____

ONTWA TOWNSHIP   **Ontwa Township**   •   Cass County   •   Michigan

www.ontwatwp.org • 26225 U.S. 12 • P. O. Box 209 • Edwardsburg, MI 49112 • Fax: (269) 663-0072 • **Phone: (269) 663-2347**

Give a brief summary of your employment background: _____
_____
_____

Give a brief summary of your past and/or current civic involvement: _____
_____
_____

What particular expertise would you bring to the particular board, committee or commission that you would like to be appointed: _____
_____
_____

Please list three references:

      Name: _____   Phone: _____
      Address: _____   City: _____

      Name: _____   Phone: _____
      Address: _____   City: _____

      Name: _____   Phone: _____
      Address: _____   City: _____

I, _____hereby affirm that the above information is true and complete to the best of my knowledge and belief.

                                    Date: _____

Applications are forwarded to the Supervisor and the Board of Trustees and are kept on file for three years. If you have not been appointed in that period, you will need to re-apply.