



Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Employer: _____

Address: _____

City/St./Zip: _____

Phone: _____

E-mail: _____

Are you a resident of the City of Fremont?
Y{ } or N{ }

Are you a registered voter in the City of
Fremont? Y{ } or N{ }

How long have you lived continuously in
the City of Fremont? _____

Are you a grad of Fremont H.S.? Y{ } N{ }

Have you ever been convicted for anything
other than a minor traffic violation?
Y{ } or N{ }

**Thank you for your interest in serving
on an Advisory Board or Committee.
The Purpose of this form is to provide
the City Council with information
about residents being considered for
appointment. Council will review this
application and a city representative
will contact you regarding their
decision.**

The Application will be kept on file for two years.

**Number the advisory boards or
committees for which you would
like to apply in the order of your
preference:**

1=first choice
2=second choice, etc

- ___ **Downtown Development
Authority**
- ___ **Fremont Community Joint
Planning Commission**
- ___ **Fremont Community Joint
Zoning Board of Appeals**
- ___ **Election Commission**
- ___ **Board of Review**
- ___ **Local Officials
Compensation Commission**

As City Representative to the:

- ___ **Fremont Community
Recreation Authority Board**
- ___ **Fremont Area District Library**



*City of
Fremont*

**BOARD AND
COMMITTEE
APPLICATION**

**City Clerk's Office
101 E Main Street
Fremont MI 49412
(231) 924-2101**

**(Send Application to above
address or email to:
cityclerk@fremontmi.gov)**

Professional Qualifications and/or Work Experience: _____

Community Activities and/or Other Experiences: _____

Educational Background: _____

Local Area References: _____

Indicate Reasons for Your Desire to Serve: _____

Signature: _____

