

**APPLICATION REQUESTING
APPOINTMENT TO A
SAGINAW COUNTY BOARD OR COMMISSION**

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Business Phone _____

Occupation _____ E-mail _____

Indicate the time(s) you are available Days Evenings Anytime

Board/Commission you are interested in being appointed to _____

Special Qualifications (Experience/Education) _____

Why do you want to serve on a Board/Commission? _____

Do you now or have you served on any County Board/Commission(s)? Yes No
(If yes, please list.)

_____ From _____ To _____

_____ From _____ To _____

Which Commissioner District do you live in? _____

Signature _____ Date _____

Please return this application by regular mail, fax or email as follows:

**Chair
Saginaw County Board of Commissioners
111 S. Michigan Avenue
Saginaw, Michigan 48602**

**Fax: (989) 790-5569
boc@saginawcounty.com**

For further information or for assistance in filling out this application please call (989) 790-5267.