



CITY OF FLINT
HISTORIC DISTRICT COMMISSION



COMMISSIONER APPLICATION

Name:			
Home Address:		Work Address:	
Home Phone:		Work Phone:	
Cell Phone:		Email:	
Please check your preferred method of contact:			
<input type="checkbox"/> Home Phone		<input type="checkbox"/> Work Phone	
<input type="checkbox"/> Cell Phone		<input type="checkbox"/> Email	
Residency is required for commission.			
I am a resident. If so, for how many years _____			

Please describe any experiences that led to your desire to serve the community.

Please provide a brief biography including your skills, background, and expertise, as well as involvement in the community, professional or other nonprofit organizations that are specifically applicable to this commission.

Supplemental Information: Please attach resume to this application.

Important Public Records Information: All information submitted in this application is public information and subject to disclosure in response to a public records request made pursuant to the Freedom of Information Act. Please contact the City if you have any questions or concerns about the disclosure of specific information.

Truth and Accuracy: I certify that the information contained on this form is accurate and complete to the best of my knowledge. I understand that all information disclosed on this form will be available to the public as part of a Freedom of Information Act request.

_____ **Applicant's Signature**

_____ **Date**

Return completed forms to: Max Lester, Planner I
Planning & Zoning Division
1101 S. Saginaw St. Room S109
(810) 766-7426 ext. 3035
mlester@cityofflint.com