

APPLICATION TO SERVE ON THE DOWNTOWN DEVELOPMENT AUTHORITY (DDA) BOARD

A separate application is required for each board or commission you wish to be considered for appointment. Applications remain active for one year from the date of submittal. Resumes are encouraged and may be attached to your application.

| Name: | |
|--|---------------|
| Home Address: | Work Address: |
| Home Phone: | Work Phone: |
| Cell Phone: | Email: |
| Please note your preferred method(s) to be contacted: | |
| A majority of the Board must have an interest in a business or property in downtown Comstock. □ I have an interest in a downtown business or property. □ I live in the DDA district and would like to be a resident-member of the DDA Board. □ I do not live in or have an interest in downtown Comstock but am interested in serving on the DDA Board. | |
| Describe any experiences that led to your desire to serve the community. | |
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| 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 the DDA Board. | |
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Employment: List your three most recent employment experiences. **Dates of Employment** Company Name/Location Position **Job Description Education:** List your most recent educational experiences. **Educational Institution/School Certificate/Degree Received** Area(s) of Study Supplemental Information: Please review the document "Planning Commission, Zoning Board of Appeals & Downtown Development Authority Board Roles, Responsibilities and the Appointment Application Process" for more information about the various boards and commission. Initial here to indicate that you have read the document and understand the time commitment necessary to serve on a board or commission. 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 Township Clerk at (269) 381-2360 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 the information disclosed on this form will be publicly available as part of a Freedom of Information Act request. **Applicant Signature Date** Return completed forms to: Comstock Township Supervisor (or, drop it off at the Township Hall) PO Box 449 Comstock, MI 49041