



CITY OF SOUTH LYON
Application for Appointment

Date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Business Phone: _____

Occupation: _____

Employer: _____

Education & Related Experience: _____

Are you a citizen of the United States? Yes No

Are you in default to the City? Yes No

Is any member of your family an elected official of the City? Yes No

If so, who? _____

Please select which position(s) you are interested in

Board/Commission	
Planning Commission	
Parks and Receptions	
Board of Review	
Housing Commission	
Zoning Board of Appeals	
Building Authority	
Downtown Development Authority	
Historical Commission	
Cultural Arts Commission	
Other	

Special qualifications: _____

Describe why you are interested in this position: _____

How long have you lived in South Lyon? _____

Previous place of Residence? _____

References:

1. _____
2. _____
3. _____

Applicant's Signature: _____ Date: _____

*Please print this application and
submit to:*

City of South Lyon
Attn: Clerk's Office
335 S. Warren Street
South Lyon, MI 48178
Tel. (248) 437-1735

For Office Use Only

Comments: _____

Appointed to: _____ Date: _____
