

WHITEWATER TOWNSHIP

5777 Vinton Road • P.O. Box 159 • Williamsburg, MI 49690 (231) 267-5141 • FAX (231) 267-9020

APPLICATION FOR APPOINTMENT

Last	First	Middle Initial
Address:	City:	Zip:
Γelephone: (Home)	(Cell)	_
E-Mail Address:		
What Com	mittees and/or Boards are you i	interested in?
Board of Review:	Park & Recreation Advi	sory Committee:
Planning Comr	mission: Zoning Board o	of Appeals:
Are you a Whitewater Towns	ship Resident? Yes No	
Are you a Land Owner in Wl	nitewater Township? Yes No	
Are you a Qualified Elector on As defined by the 1963 Michigan Constitution.	If the Township? Yes No , as amended by the 26 th Amendment of the U.S. C	Constitution
	the selected committee/board and	d how you feel your expertise
Please describe your interest in and contribution would benefit	the group:	
and contribution would benefit		
and contribution would benefit		



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Please provide any otl	ner information you wish t	o share.	
			
Complete, sign, and	return this application to	:	
1 / 8 /		nship Supervisor	
		777 Vinton Road,	
	Williamsbu	rg MI 49690,	
	Fax 231.	-267-9020	
	Email: supervisor@w	hitewatertownship.org	
		<u> </u>	
Applicant Signature		Date	