



City of South Haven

BOARD AND COMMISSION APPLICATION

Name _____ Phone _____

Address _____
Street City State Zip

E-Mail Address _____

Resident of City? (Circle One) Yes No If Yes, how long: _____

Board or Commission Applying for: _____

Qualifications: _____

I believe I can benefit the City of South Haven by serving on a board and commission because: _____

Signature _____ Date _____

Return Application to:
City of South Haven
Attn: Clerk's Office
539 Phoenix Street
South Haven, MI 49090
Fax: (269) 637-5319
Phone: (269) 637-0750

For Office Use Only:
Appointed _____
Term Expires _____
Letter Mailed _____