

THREE RIVERS CITIZEN'S INTEREST FORM  
FOR THE CITY COMMISSION AT LARGE COMMISSIONER  
PARTIAL TERM ENDING NOVEMBER 2020

The following questionnaire is designed to obtain specific information as to your interest and qualifications for serving on the City Commission. Please take the time to complete the questionnaire and return it to the City Clerk. If you have any questions, please contact a City Commissioner, the City Manager, or the City Clerk. Feel free to attach additional comments or resume information that you may wish to submit. Please print or type the information.

DATE \_\_\_\_\_

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYMENT (FIRM & OCCUPATION) \_\_\_\_\_

\_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

TELEPHONE (WORK) \_\_\_\_\_ MAY WE CONTACT YOU AT WORK \_\_\_\_\_

AREA OF SPECIAL KNOWLEDGE \_\_\_\_\_

\_\_\_\_\_

PRESENT SERVICE ACTIVITIES (i.e., CHURCH, SCOUTING, CIVIC, ETC.) \_\_\_\_\_

\_\_\_\_\_

INTERESTS \_\_\_\_\_

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What special experience or education do you have for serving on the Commission?

AS AN INDIVIDUAL INTERESTED IN SERVING ON AN ADVISORY BOARD/COMMISSION, I REALIZE THAT THE FOLLOWING INFORMATION WILL PROVIDE THE CITY WITH MY PERMISSION TO REQUEST ANY CRIMINAL RECORDS FOR THE SOLE PURPOSE OF SERVING ON AN ADVISORY BOARD/COMMISSION.

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
MAIDEN NAMES, NICKNAMES

**PLEASE CAREFULLY READ THE FOLLOWING BEFORE SIGNING**

I request that any criminal court record(s) may be obtained from an examination of my files or from any other means which you may have, and may be released to the bearer, stating such court records of convictions. I hereby waive any and all rights which I may have against you, your department, or court, or any of your officers or employees by reason of your furnishing such records. I also agree to hold harmless in the event of damages suffered from the release of this information both the department and court releasing such information as well as the firm authorized to receive this information.

\_\_\_\_\_  
Signature (Full Written Name)

\_\_\_\_\_  
Date of Signature

**Return form to:**  
City Clerk  
333 West Michigan Avenue Three  
Rivers, MI 49093

**Email to:**  
mbliss@threeriversmi.org or

**Fax to:**  
269-273-3132

**BY: April 3, 2020 BY 12 pm**