

HASTINGS CHARTER TOWNSHIP

APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (day) \_\_\_\_\_ (night) \_\_\_\_\_ (cell) \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

REGISTERED VOTER: Yes \_\_\_\_ No \_\_\_\_

COMMITTEE OR BOARD APPOINTMENT REQUESTED:

Trustee \_\_\_\_\_ Planning/Zoning \_\_\_\_\_ Library \_\_\_\_\_ Other \_\_\_\_\_

IS THERE ANY REASON YOU CANNOT ATTEND A MONTHLY MEETING?

Yes \_\_\_\_ No \_\_\_\_

CAN YOU ATTEND AN EVENING MEETING?

Yes \_\_\_\_ No \_\_\_\_

Please explain why you wish to serve on the Board or Commission you have checked.  
Use additional sheets if necessary.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_