

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.

SIGNATURE _____ DATE _____