## **APPLICATION – DELTA COUNTY PLANNING COMMISSION RECORDING SECRETARY**

DATE:	
NAME:	
ADDRESS:	
OCCUPATION:	
AGE (optional):	
PRIMARY PHONE:	
BUSINESS PHONE:	
What other boards or commissions have you served as a r	ecording secretary?
Could you regularly attend scheduled board meetings (first	t Monday of every month at 5:30PM): Yes/No
Time Conflicts:	
Why do you wish appointment to this board?	
What are your qualifications/credentials for appointment	?
What is your understanding of the mission of this board?	
References (list names, addresses, and telephone number	s):
1.	
<ul><li>2.</li><li>3.</li></ul>	
Signature:	
Mail to:	
Ashleigh Young, Delta County Controller	ayoung@deltacountymi.gov
310 Ludington Street	906-789-5100 ext. 100

Escanaba, MI 49829