

Southfield Township

REQUEST FOR APPOINTMENT TO SOUTHFIELD TOWNSHIP BOARD

Date: _____

Name: _____

Best Phone: _____ Alternate Phone: _____

Board of Trustees _____

- Four Trustees on a seven-member Board-Four-year term.
- Meets second Tuesday of each month at 7:00 p.m.in the Township Hall.
- The Board of Trustees are the Legislative and governing body of the Township.

Planning Commission/Zoning Board _____

- Seven Member Board-Three-year term.
- Meets fourth Tuesday at 7:30 p.m. in the Township Hall in March, May, August, October
- Advises the Board of Trustees in regard to the proper physical development of the Township. Recommends ordinances, or amendments to existing ordinances. Make recommendations on zoning changes, site planned developments and special approval uses.

Zoning Board of Appeals _____

- Five-member Board-Three-year term
- Meets on an as-needed basis at the Township Hall.
- Considers requests for variances and special use permits.
- Addresses requests for relief from zoning ordinances under certain circumstances.

Board of Review _____

- Three-member Board-Two-year term.
- Meets in March, July and December. Includes day and evening meetings.
- Receives and examines the current assessment rolls, making recommendations to correct errors in the name of property owners. Adjusts individual assessments as deemed necessary. Approves poverty exemptions.

Precinct Inspector _____

- Serve based on appointment by Township Election Commission.
- Meet for training prior to each election. Inspectors are assigned to work at one polling location on Election Day. Must be a registered voter and resident of Oakland County. Must declare political party affiliation on application.

Other _____

Southfield Township

APPLICATION FOR BOARDS AND COMMITTEES

Thank you for your interest in serving on a Board for the Township of Southfield. The purpose of this form is to provide the Board of Trustees with basic information about residents who wish to be considered for appointment. Please indicate your preferences for service on the accompanying form. Completed applications are open for public inspection upon request.

Name: _____
(Last) (First) (Middle)

Street Address/Village: _____

Cell #: _____ Home #: _____

E-mail Address: _____

Employed by: _____ Phone #: _____

Business Address: _____

Length of residency: _____ Precinct: _____

Educational Background: _____

Past Experience on other Boards, Church, Civic, or Community Groups:

Related Employment Experience (Please give dates): _____

Travel Commitments, if any: _____

Other Relevant Information (Memberships, Associations, Etc.): _____

Reason for Desiring to serve: _____

Signature: _____ Date: _____

State of Michigan Election Inspector Application

Social Security # _____

(Complete in your own handwriting and return to your local City/Township Clerk - find your local Clerk at mi.gov/vote)

personal information

Full Name _____

Date of Birth ____/____/____ Email Address _____

Home Address _____

Phone #'s Home: _____ Work: _____ Cell: _____

Registered in City or Township of _____ Pct # _____ Ward # _____

County of _____

Political Party Affiliation (**REQUIRED**; must be a recognized state party & may not be Independent):

Republican Democratic Libertarian U.S. Taxpayers Green Natural Law Working Class

Have you ever been convicted of a felony or election crime? Yes No

education and experience information

Education Background (include highest grade completed or degree held) _____

Employment Background (include current or last place of employment and type or work performed)

Languages other than English that you speak (if any) _____

Please rate your computer experience (data look-up, database processing, creating .pdfs, etc.):

1 = not experienced, 5 = very experienced

1 2 3 4 5

Past experience as an election inspector, if any (include name of jurisdiction) _____

Do you have transportation? Yes No

Will you work at any polling place? Yes No If not, explain: _____

signature and certification

I CERTIFY THAT I am not a member or a known active advocate* of a political party other than the party identified above. I FURTHER CERTIFY THAT the foregoing statements are true to the best of my knowledge and belief.

Signature of Applicant

____/____/____
Date

* A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party; 2) is affiliated with another party through an elected or appointed government position or; 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an inspector. "Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.