

# REQUEST FOR APPOINTMENT TO SOUTHFIELD TOWNSHIP BOARD

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Wk #: \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_ **Board of Trustees**  
Four Trustees on a seven member Board – Four-year term.  
Meets second Tuesday of each month at 7:30 p.m. in the Township Hall.  
Appointment to fill unexpired term of elected Trustee.  
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 of Each month at 7:30 p.m. in the Township Hall quarterly.  
Advises the Board of Trustees in regard to the proper physical development of the Township. Recommends ordinances, or amendments to existing ordinances. Makes 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.  
Mets 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. Grants 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** \_\_\_\_\_

**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 are being considered for appointment. Please indicate your preferences for service on the accompanying form. The file of completed applications is open for public inspection upon request.

Name: \_\_\_\_\_  
                    (Last)                                    (First)                                    (Middle)

Street Address/Village: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Employed by: \_\_\_\_\_

Business Phone#: \_\_\_\_\_ Business Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail 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

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

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.

Approved by State Director of Elections (June 2015)