## City of Tawas City Application for Consideration for Appointment to City Council

Name	Email
AddressTelephone (Home/Cell)	
I wish to be considered for appointment to the City	
Are you a registered voter in the City of Tawas City	? Yes No
Have you been a resident of the City for at least twel application? Yes No	ve (12) months immediately prior to submitting this
Educational Qualifications:	
Place of Employment:	
Type of Work Performed:	
Why would you like to serve in this capacity?	
Other experience which would assist you in performi	ing the duties of a City Council member:
If you have any questions, please contact the City C	Clerk at 989-362-8688.
Signature	Date

Return completed form to: City Clerk, 550 W. Lake St., Tawas City, MI 48763