James R. Fouts, Mayor
One City Square, Suite 215
Warren, MI 48093-6726

Mayor's Student Advisory Committee Application

Name: _____

Address: _____ Zip: _____

Phone: Home (___)_____ Cell: (___)_____

Email address:_____

School and Grade: _____

Please write a short explanation of why you would like to be involved with the Student Advisory Committee

_____

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Please return this application to the Mayor's Office
City of Warren
One City Square – Suite 215
Warren, MI 48093-6726
Phone: (586) 574-4520
Fax: (586) 574-4524
mayor@cityofwarren.org