Office Use Only
Water: _____
Taxes: _____



5460 ARDEN, SECOND FLOOR SUITE 505, WARREN, MICHIGAN 48092

DATE OF APPLICATION:
NAME:
ADDRESS: CITY: WARREN ZIP CODE:
EMAIL ADDRESS(REQUIRED):
YEARS OF RESIDENCY IN WARREN: PHONE: (H)(C)
REASON FOR APPLYING TO THIS POSITION:
EVER CONVICTED OF A FELONY? YES: NO: IF YES, EXPLAIN:
REGISTERED CITY ELECTOR (VOTER): YES: NO:
CURRRENTLY A CITY OFFICER, CITY EMPLOYEE OR CANDIDATE FOR ANY CITY OFFICE:
POLITICAL OFFICES HELD, IF ANY, INCLUDING DATES:
ANY FURTHER INFORMATION YOU DEEM NECESSARY:

PLEASE SUBMIT COMPLETED FORM TO THE WARREN CITY COUNCIL EMAIL AT CITYCOUNCIL@CITYOFWARREN.ORG
OFFICE OF THE CITY COUNCIL