



Name: _____
(Please print)

Home Address: _____
Street Address City State Zip

Telephone: (Home) _____ (Work) _____

Cell Phone: _____ Email: _____

1. Office sought: City Commissioner- Appointed – Term ending December 2026
2. Are you a City of Buchanan resident? YES NO
(MCL 168.342)
3. Are you a registered voter in the City of Buchanan? YES NO
(MCL 168.342)
4. Are you presently delinquent or default on property taxes and/or special assessments or city owned utility owed to the city? YES NO
(City Charter Section 5.1)
5. Have you been convicted of a felony? YES NO
(MCL 168.342)
6. Have you been a Resident of the City of Buchanan for 2 years or more? YES NO
(City Charter Section 5.1)
7. Do you agree to abide by the City’s Code of Conduct and Ethics Ordinance YES NO
(City Ordinance Article V. Section 2-131)

Signature

Date

