

Name:					
(Please print)					
Home Address:Street Address City State Zip					
	Street Addre	ess	City	State	Zip
Te	ephone: (Home)	(Work)		
Cell Phone: Email:					
1.	. Office sought: City Commissioner- Appointed – Term ending December 2026				
2.	Are you a City of Buchanan res (MCL 168.342)	sident?		YES	NO
3.	Are you a registered voter in the City of Buchanan? (MCL 168.342)			YES	NO
4.	Are you presently delinquent or default on property taxes and/or special assessments or city owned utility owed to the city? (City Charter Section 5.1)				NO
5.	Have you been convicted of a felony? (MCL 168.342)			YES	NO
6.	Have you been a Resident of the City of Buchanan for 2 years or more? (City Charter Section 5.1)			YES	NO
7.	Do you agree to abide by the City's Code of Conduct and Ethics Ordinance (City Ordinance Article V. Section 2-131)		YES	NO	

Signature

Date



1) Please describe why you are interested in becoming a City Commissioner.

2) Please list any community service and/or prior board service, including the name of the board and term of service.

3) What is special about your personality or communication style that makes you a good fit to serve as a 'voice of the people,' representing the citizens living within the City of Buchanan?

4) What are some of the qualities you possess that demonstrate you are capable of successfully leading a team towards success?

5) What is your personal philosophy on the role local government should have in our everyday lives, and how would you enact that philosophy if you were to be appointed as a City Commission for the City of Buchanan?



6) Help us understand the type of leader you will be by describing your highest priorities for the City of Buchanan--both in the short term and in the long term.

- 7) Please provide a list of previous leadership positions you have held and the role you played in each.
- 8) Optional: Please feel free to share additional information such as a resume or any other pertinent information.