# INTEREST NOTIFICATION FORM
# FOR ANTRIM COUNTY APPOINTED BOARDS, COMMISSIONS AND COMMITTEES
## As required by its Board of Commissioner Policy
***www.antrimcounty.org***

Name _____

Mailing Address _____

_____ e-mail address _____

Phone _____ _____ _____
work home Fax

Applicant for _____

Business/Firm/Occupation _____

Position _____

Work Experience _____

_____

_____

Volunteer Experience/Involvement _____

_____

Educational Background _____

State briefly your qualifications for this appointment _____

_____

_____

Do you know of any conflict of interest or any reason you should not receive this appointment?

_____

Signature _____ Date _____

Mail to: **Office of the Coordinator Planner** or fax: **231-533-8111**
**P.O. Box 187 Bellaire, MI 49615**