

CANDIDATE QUESTIONNAIRE

NAME _____ COUNCIL DISTRICT _____

DATE _____

ROCHESTER HILLS RESIDENT FOR _____ YEARS

OCCUPATION _____

BOARDS/COMMISSIONS/COMMITTEES ON WHICH YOU WANT TO SERVE (please check up to five applicable boxes)

- | | | |
|---|---|--|
| <input type="checkbox"/> Advisory Traffic & Safety | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Retiree Health Care Trust – Board of Trustees |
| <input type="checkbox"/> Board of Review | <input type="checkbox"/> Elections Commission | <input type="checkbox"/> Rochester Avon Recreation Authority |
| <input type="checkbox"/> Brownfield Redevelopment Authority | <input type="checkbox"/> Green Space Advisory Board | <input type="checkbox"/> Trailways Commission |
| <input type="checkbox"/> Building Authority | <input type="checkbox"/> Historic Districts Commission | <input type="checkbox"/> Water & Sewer Technical Review Committee |
| <input type="checkbox"/> Canvassing Board (must specify D or R) | <input type="checkbox"/> Historic Districts Study Committee | <input type="checkbox"/> Zoning/ Sign Board of Appeals |
| - <input type="checkbox"/> Democrat - <input type="checkbox"/> Republican | <input type="checkbox"/> Human Resources Technical Review Cmte | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cemetery Citizen Advisory Technical Review | <input type="checkbox"/> Local Development Finance Authority | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Citizens Pathway Review Committee | <input type="checkbox"/> Older Persons Commission | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Construction/Fire Prevention Bd of Appeals | <input type="checkbox"/> Planning Commission | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Deer Management Advisory Committee | <input type="checkbox"/> Police & Road Funding Technical Rev Cmte | <input type="checkbox"/> _____ |

INTERESTS/REASONS/QUALIFICATIONS _____

BOARDS/COMMISSIONS/COMMITTEES ON WHICH YOU HAVE SERVED (LIST MUNICIPALITIES AND DATES)

ELECTIVE OFFICES THAT YOU HAVE HELD _____

OTHER ORGANIZATIONS _____

PERTINENT EDUCATION _____

HOBBIES/INTERESTS _____

ADDITIONAL INFORMATION _____

Please send completed form to: City of Rochester Hills, Clerk's Office, 1000 Rochester Hills Drive, Rochester Hills, MI 48309 or fax to 248.656.4744
THIS INFORMATION WILL BE KEPT ON FILE IN THE MAYOR'S/CLERK'S OFFICES AND IS NOT CONFIDENTIAL. QUESTIONNAIRES ARE REVIEWED BY THE MAYOR, CITY COUNCIL AND OTHER APPROPRIATE PERSONNEL AS VACANCIES OR OPENINGS OCCUR ON THE VARIOUS BOARDS, COMMISSIONS AND COMMITTEES.

CANDIDATE QUESTIONNAIRE

NAME _____ COUNCIL DISTRICT _____

ADDRESS _____ ZIP _____

PHONE (home) _____ PHONE (business or cell) _____

EMAIL _____

Rochester Hills wishes to thank you for your interest in serving as a Citizen Representative on a Board, Commission or Committee. Your Candidate Questionnaire will be kept on file and entered for consideration for posted openings on any Board, Commission or Committee that you expressed an interest in for a period of two years. Please feel free to submit an updated Candidate Questionnaire at any time.

Please be advised that the information contained in this Questionnaire is not confidential, and will be reviewed by the Mayor, City Council and other appropriate personnel as vacancies or openings occur on the various Boards, Commissions and Committees.

Page 1 of this Candidate Questionnaire may also be included in any City Council Meeting Agenda Packet which is published and made available for public inspection in print and on the Internet. Your address, phone numbers and e-mail, contained here on Page 2 will not be published in an Agenda Packet.

Signature _____ Date _____