City of Flint Charter Review Commission Charter Review Advisory Committee

INTEREST FORM

Name:	
Address:	
City: State: Zip:	
Phone: ()	
Alt. Phone: ()	
Email:	
City of Flint Ward (if known):	
Please check all the boxes that apply:	
 I am a City of Flint resident I have reviewed the Charter Review Commission Advances Responsibilities and agree to abide by them (see review I am willing to abide by the Group Agreements created Commission Advisory Committee for running effective I am willing to serve as a one-time meeting chairpers I am willing to volunteer at Charter Review Commission (optional) 	erse side of interest form) ed by the Charter Review e meetings on (optional)
Signature:	Date:
Thank you for volunteering to support the Charter Review Process!!!	For Internal Use
Please fill out completely and return to:	Received by:
City of Flint Charter Review Commission 1101 Beach St, Room 201C Flint, MI 48502 Phone: (810) 766-7414	Date Rcvd:
Fax: (810) 766-7414 Fax: (810) 766-7404	1855

There is no deadline for submitting your interest form