



City of South Haven

WARD ONE COUNCIL SEAT APPLICATION

Name _____ Phone _____

Address _____
Street City State Zip

E-Mail Address _____

Eligibility Requirements:

Must have been a resident of the city for at least one (1) year immediately prior to the time of appointment; Must be a registered elector of the city at time of appointment and throughout tenure of office; Must be a resident of Ward One.

Qualifications: _____

I believe I can benefit the City of South Haven by serving on the City Council because: _____

Signature _____ Date _____

Please attach any additional information which you feel would benefit your appointment to the City Council. Applicants are asked to attend the January 15, 2018 Council meeting.

Return Application by 5:00 p.m., Friday, January 5, 2018 to

City of South Haven
Attn: Clerk's Office
539 Phoenix Street
South Haven, MI 49090
Fax: (269) 637-5319
Phone: (269) 637-0750