

### **Board of Review**

Members are composed of three city residents who shall meet the requirements for elective officers contained in section 6.1 and who during their term shall not be city officers or employees. This board is composed for the purpose of revising and correcting assessments of properties within city limits. It shall hear the complaints of all persons considering themselves aggrieved by assessments, and if it shall appear that any person or property has been wrongfully assessed or omitted from the roll, the Board shall correct the roll in such a manner it seems fit. Members collaborate directly with the Assessor and Treasurer.

Vacant- 3- year term to expire 3/2026.



Board(s)/Commission(s) for which you would like to be considered (in order of preference). ----->

1.	_____
2.	_____
3.	_____
4.	_____

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_ Cell phone \_\_\_\_\_

\_\_\_\_\_

Is this an application for reappointment? (Y/N)\_\_\_\_ Are you a City resident?(Y/N)\_\_\_\_

Brief Statement regarding your interest in serving on this board or commission

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Employment Experience (If a resume has been attached, please indicate):

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Educational Background and Other Special Skills

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Briefly state your qualifications for this appointment

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

If "yes" please explain.

Are you able to attend year-round regularly scheduled meetings? Yes  No

Have you been convicted of, or pled guilty or no contest to, an offense against the law, or are there any felony charges pending against you? Yes  No

If "yes" please explain:

I \_\_\_\_\_ (print name), hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification, or omission of information on this application or on any document used to secure appointment shall be grounds for rejection of this application or immediate discharge if I am appointed, regardless of the time elapsed before discovery. I further understand that all applicants selected to serve are may be subject to a background check including criminal history, drivers record, and Michigan Sex Offender Registry.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return to:  
City of Scottville  
105 N. Main St.  
Scottville, MI 49454

Form can be emailed to:  
clerk@cityofscottville.org