

**REQUEST FOR APPOINTMENT
TO SOUTHFIELD TOWNSHIP BOARDS**

Name: _____
Phone #: _____ Wk# _____ Cell# _____
Date: _____

_____ **Board of Trustees**
Four Trustees on a seven member Board – Four year term
Meets second Tuesday of each month at 7:30 p.m. in the Township Hall.
Appointment to fill unexpired term of elected Trustee. The Board of Trustees are the legislative and governing body of the Township.

_____ **Planning Commission/Zoning Board**
Seven Member Board – Three year term
Meets fourth Tuesday of each month at 7:30 p.m. in the Township Hall.
Advises the Board of Trustees in regard to the proper physical development of the Township. Recommends ordinances, or amendments to existing ordinances. Makes recommendations on zoning changes, site planned developments and special approval uses.

_____ **Zoning Board of Appeals**
Five member Board – Three year term
Meets on an as-needed basis at the Township Hall.
Considers requests for variances and special use permits. Addresses requests for relief from zoning ordinances under certain circumstances.

_____ **Board of Review**
Three member Board – Two year term
Meets in March, July, and December. Includes day and evening meetings.
Receives and examines the current assessment rolls, making recommendations to correct errors in the name of property owners. Adjusts individual assessments as deemed necessary. Grants poverty exemptions.

_____ **Precinct Inspector**
Serve based on appointment by Township Election Commission.
Meet for training prior to each election. Inspectors are assigned to work at one polling location on Election Day. Must be a registered voter and resident of Oakland County. Must declare political party affiliation on application.

_____ **Other** _____

ELECTION INSPECTOR APPLICATION

Southfield Township

(NAME OF CITY OR TOWNSHIP)

(Must be completed in your own handwriting in ink)

Full Name _____

Date of Birth ____/____/____ Email Address _____

Home Address _____

Phone #'s Home: _____ Work: _____ Cell: _____

Registered in City or Township of _____ Pct # _____ Ward # _____

County of _____

Political Party Affiliation (**REQUIRED**; Other Party must be a recognized state party & may not be Independent):

Republican Party Democratic Party Other Party _____

Have you ever been convicted of a felony or election crime? Yes No

Education Background (include highest grade completed or degrees held) _____

Employment Background (include current or last place of employment and type or work performed)

Languages other than English that you speak (if any) _____

Please rate your computer experience (data look-up, database processing, internet use specifically):

5 = very experienced, 1 = not experienced

1 2 3 4 5

Past experience as an election inspector, if any (include name of jurisdiction) _____

Do you have transportation? Yes No Will you work at any polling place? Yes No

I CERTIFY THAT I am not a member or a known active advocate* of a political party other than the party identified above. I FURTHER CERTIFY THAT the foregoing statements are true to the best of my knowledge and belief.

Signature of Applicant Date ____/____/____

* A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party 2) is affiliated with another party through an elected or appointed government position or 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an inspector. "Documented public statements" means s statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.