

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.