



NOVI CITY CLERK'S OFFICE  
45175 TEN MILE ROAD  
NOVI, MI 48375  
(248) 347-0456  
Fax (248) 347-0577  
[www.cityofnovi.org](http://www.cityofnovi.org)

## APPLICATION FOR COUNCIL VACANCY

Thank you for your interest in serving on City Council. The purpose of this form is to provide City Council members with comprehensive information about residents who would like to be considered for appointment. Please provide thoughtful, detailed answers. City Council will make appointments based on this application and information given by candidates during a City Council meeting.

**Name (Please print):** \_\_\_\_\_

**Nickname, if preferred:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Are you a registered voter in the City of Novi?** \_\_\_\_\_

**How long have you lived continuously in the City of Novi?** \_\_\_\_\_

**Employed by:** \_\_\_\_\_

**Educational Background:** \_\_\_\_\_

**Please describe your professional qualifications, skills and/or work experience, and how you would use these to benefit the community.**



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**Please list any City Board or Commission, or community group(s) you are currently or have previously been active. Describe your role and how your involvement contributed to the community.**

**Describe your current and past volunteer involvement in or for the City?**

**What motivated you to apply to serve on City Council?**



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**If appointed, what do you hope to accomplish during your term? What do you hope to learn?**

**What do you think the City is doing well or could be doing differently when you think about the areas of responsibility for City Council?**



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**Do you foresee any conflict of interest if you were appointed to serve as a Council Member?**

**Is there anything else you would like City Council to be aware of, or know about you?**