

*Township of Lincoln - Clare County*  
*PO Box 239*  
*Lake George, MI 48633*

*Troy Kibbey - Supervisor*  
*Carol Majewski - Clerk*  
*Maggie Carey - Treasurer*  
*Mike Tobin - Trustee*  
*Jeff Simons - Trustee*

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**Lincoln Township – Application for Commission Appointment**

Lincoln Township has nine (9) Commissions designed to assist the Township Government with a variety of tasks and services. Three of these: Planning Commission, Zoning Board of Appeals, and (Property Tax) Board of Review are defined by State of Michigan Statute, have specified terms of service and responsibilities and, from time to time, have vacancies.

Planning Commission: members serve for three (3) year terms, and may be reappointed. They meet monthly, eleven times annually at a minimum, plus there are usually two (2) days of training offered each year, and there may be Public Hearings and Special Meetings. There may be two (2) alternate members. (5 Members plus Staff)

Zoning Board of Appeals: members meet at the call of the Chair for Variance and/or Interpretation Hearings typically about four (4) times per year. There is usually one (1) or two (2) days of training offered each year. They also serve for three (3) year terms and may be reappointed. There may be two (2) alternate members. (5 Members plus Staff)

Board of Review: members serve a two (2) year term and may be reappointed. They attend at least one (1) day of training each February and meet four (4) times in March, once in July, and once in December (as specified by State Tax Commission administrative Rules). There may be two (2) alternate members. (# Members plus the Supervisor as acting Secretary)

While there are some minor exceptions allowed by the State, it is the Policy of Lincoln Township that the members of these four commissions be Full-time Residents, Property Owners, and Registered Voters of Lincoln Township. If you are interest and would like to be considered for an appointment, please complete this application and return it to the attention of the **Supervisor at Lincoln Township**. Thank you.

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(Name)	(Phone)
(Street and Mailing Address)	(City, State, Zip)
(e-mail Address)	(How long have you resided in Lincoln Township?)

(Yes) (No)

( ) ( ) Are you a Property Owner in Lincoln Township?

( ) ( ) Are you a Permanent Resident of Lincoln Township?

( ) ( ) Are you able to attend meetings and required training all year?

Are you specifically interested in: (Check all that apply)

( ) Planning Commission

( ) Board of Review

( ) Zoning Board of Appeals

Please Describe why you might be interested in an Appointment:

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Please describe special experiences, training or qualifications you have that may be relevant

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Anything else you feel may be pertinent to your appointment

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Signature \_\_\_\_\_

Date \_\_\_\_\_