

MILLCREEK TOWNSHIP GOVERNMENT STUDY COMMISSION APPLICATION

(All information provided is subject to public disclosure)

Name (printed) _____

Address _____

Phone Home _____ **Cell** _____ **Work** _____

Email _____

How long a resident at current Millcreek address _____

Registered voter Yes _____ No _____

Why do you want to have a seat on the Study Commission? _____

What experience and qualifications do you have for this position? _____

Signature _____

Date _____