



JOINT PLANNING COMMISSION APPLICATION

Thank you for your interest in serving the community by volunteering for appointment to a committee.

Please complete this application and provide the requested information in addition to any other information you think appropriate for the Joint Board to consider. If possible, please plan on attending the Village of Kaleva or MG Township Board meeting at which your appointment will be considered.

COMMITTEE APPLIED FOR: * Planning Commission * Zoning Board of Appeals

NAME: _____

ADDRESS: _____

PHONE: _____ Mobile Home Work

E-MAIL: _____ * Personal *Work

I want to volunteer for this position because:

Please summarize any education, experience or background you think makes you a strong candidate to serve. Attach a resume and/or biography if available.

Feel free to attach any additional information that you think the Township Board may find helpful in making a decision about your appointment.

NAME

DATE

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Kaleva-MGT Joint Commission Application

2/18/2026

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Internal Use Only:

Date of Meeting _____

* Appointed Term Ending: _____

* Not Appointed