

Office Use Only
Water: _____
Taxes: _____
Appointed: _____
Sworn In: _____



CITY COUNCIL

5460 ARDEN, COMMUNITY CENTER (586) 258-2060 WARREN, MICHIGAN 48092

ZONING BOARD OF APPEALS APPLICATION

Date of Application: _____

Name: _____

Address: _____ **City** _____ **Zip Code:** _____

Years of Residence in City: ____ **Telephone No.:** (H) _____ (C) _____

Email Address (required): _____

Reason for Applying for this position: _____

Ever Convicted of a Felony? Yes ___ **No** ___ **If Yes, Explain:** _____

Education/Business or Professional Background:

Political Offices Held, If Any, Dates:

Any Further Information:

Please submit completed form to the Warren City Council email at citycouncil@cityofwarren.org

OFFICE OF THE CITY COUNCIL

Patrick Green, President, At Large
Mindy Moore, Secretary, Dist. 3
Ronald Papandrea, Dist. 1
Eddie Kabacinski, Secretary, Dist. 5

Garry Watts, Vice-President, Dist. 4
Jonathan Lafferty, Asst. Sec'y, Dist. 2
Angela Rogensues, At Large