



CITY OF FLAT ROCK CLERK'S OFFICE  
25500 Gibraltar Road  
Flat Rock, Michigan 48134  
Phone: 734-782-2455

COMMISSIONER INFORMATION

Thank you for your interest in serving the City of Flat Rock as an appointed commissioner.  
Please complete the application and return to the City Clerk's Office.

Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

Home  
Address:

\_\_\_\_\_

Number & Street

\_\_\_\_\_

City

\_\_\_\_\_

Zip

Contact Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact-Name and Phone Number: \_\_\_\_\_



\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

Commission Name: \_\_\_\_\_

Date Appointed: \_\_\_\_\_

Term Expiration: \_\_\_\_\_