

City of Springfield City Council Application. Please complete and return to City Hall: 601 Avenue A, Springfield, MI 49037-7774

Name	
Address	
Phone:	Email:
Years as Springfield Resident: Occ	cupation:
Cars as springhera nestacina	
Education	

Previous Government / Non-Profit / Community Organization Experience

GETTING TO KNOW YOU

What do you believe the role of local government should be?

What do you believe your role as a City Council member would be?		
What do you think are the most important issues facing the City of Springfield in the next two years? Five years?		
What are your thoughts on how Springfield should approach residential growth? Commercial growth?		

What are your thoughts on regional collaboration and partnership?			
Please rank the following aspects of S (1= most important, 9= least important)		-9 in order of importance to you	
Public Safety	Street Maintenance	Financially sustainable growth	
Environmental Protection	Parks	Financial stewardship	
Water and Sewer Services	Traffic Safety		
Quality of Life (dining, shopping,	recreation, neighborhood app	earance)	
Describe your decision-making style k	by checking all that apply:		
Collaborative, Team Oriented (co	alition building)		
Fact-based, Thought Analysis (fac	ts and figures, practicality)		
Debate-Based (talking it over with	n colleagues before making a c	decision)	
Individualized (relying on what yo	ou know, education, experienc	e, ideology)	
What is <u>ONE WORD</u> that describes whyou from other candidates?	nat you will add or offer to the	e City Council that will distinguish	
you from other candidates:			
Signature		 Date	