



# City of Niles

## BOARDS and COMMISSIONS RESIGNATION FORM

Niles City Clerk  
City Hall  
508 East Main Street  
P.O. Box 487  
Niles, MI 49120-0487

I hereby resign my appointment to the \_\_\_\_\_  
(Name of Board or Commission)

effective \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received: _____
Recorded: _____