

Village of Fowlerville
213 S. Grand Avenue
Fowlerville, Michigan 48836
Phone (517) 223-3771 Fax (517) 223-7435
www.fowlerville.org



Date: _____

APPLICATION FOR SPECIAL MEETING

To be completed by applicant:

APPLICANT NAME: _____
APPLICANT ADDRESS: _____
APPLICANT PHONE #: _____ EMAIL: _____
TYPE OF MEETING REQUESTED: _____
REASON FOR SPECIAL MEETING: _____
DATE OF NEXT REGULAR MEETING: _____
REQUESTED DATE/TIME OF SPECIAL MEETING: _____
MEETING PREFERENCE (ZOOM/IN-PERSON): _____

APPLICANT NAME: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____

APPROVAL OF VILLAGE MANAGER: _____ DATE: _____

In order to hold any meeting and take action at said meeting, a quorum of that particular board is required. You will be notified if the requested special meeting date has been approved or if an alternate date has been selected. There is an additional fee for the action required.

I, the undersigned, acknowledge that additional costs may be incurred in the review of my application as a result of professional services by the Village Planner, Engineer, Attorney or others related to the review of my application. By signing this agreement, I hereby agree to pay any and all additional costs incurred by the Village and/or its consultants as they pertain to the review of my application.

FOR OFFICE USE ONLY

DATE APPLICATION FILED: _____	DATE FEE PAID: _____ (\$300 + Fees & Escrow)
DATE OF SPECIAL MEETING: _____	DATE APPLICANT NOTIFIED: _____

