

VERIFICATION CHECK LIST

APPOINTED PLANNING COMMISSION MEMBERS

By my signature below, I verify I have received a copy of and reviewed the following information deemed necessary to fulfill my duties as a member of the Port Sanilac Planning Commission:

1. _____ Code of Conduct
2. _____ Planning Commission By-Laws
3. _____ Michigan Open Meetings Act 267
4. _____ Michigan Planning Enabling Act 33

In addition, I acknowledge the Village Zoning Ordinances are available on the Port Sanilac Village website for my use and that a printed copy of same is available to me upon request. (Updates to the ordinances are made available on the village website after officially approved and adopted.)

Signature

Date

Print Name

OR

I refuse to sign: _____

Date _____

Accepted by _____
Signature of Village Clerk

Date