



21 E. Church Street  
 Lake Orion, MI 48362  
 248-693-8391  
 www.lakeorion.org  
 (An Equal Opportunity Employer)

## Application for Village Board or Committee

Thank you for your interest in serving on a Board or Committee. The purpose of this form is to provide the President and the Village Council with basic information about applicants considered for appointment.

### Applicant Information

Board or Committee of Interest:	DDA	Date:	12/22/25
Full Name:	Garris	Todd	A
	<small>Last</small>	<small>First</small>	<small>M.I.</small>
Address:			
	Lake Orion	MI	48362
	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Email:			Cell Phone:
			Home Phone:
Occupation:	Business(s) Owner	Length of Residence in the Village:	N/A
Educational Background:			

Reason for interest:

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Emergency Contact	Kathy Garris		Same
	<small>Name &amp; Address</small>	<small>Phone:</small>	<small>Cell:</small>

### Related Employment Experience (most recent first)

Company:	Motor City Granite & Cabinets, LLC	Phone:	2486909537
Address:	33 North Broadway, Lake Orion, MI 48362		
Job Title:			
Responsibilities:	President/Owner		
From:	2014	To:	Present

Company:	Motor City Granite & Cabinets, LLC		Phone:	2486909537
Address:	2486909537			
Job Title:				
Responsibilities:				
From:		To:		

Company:	Motor City Granite & Cabinets, LLC		Phone:	2486909537
Address:				
Job Title:				
Responsibilities:				
From:		To:		

**Past Experience or Other Relevant Information**

*(Village Boards, Churches, Civic or Community Groups, Memberships, Associations, etc. Attach resume or additional page, if necessary.)*

**Orion Township Planning Commission Board Member**

**Personal References**

*Please list three professional references (not former employers or relatives).*

Full Name: Amy Jones Relationship: Co Worker  
 Company: Motor City Granite & Cabinets, LLC Phone: [REDACTED]  
 Address: \_\_\_\_\_

Full Name: Dan Burgess Relationship: Partner  
 Company: Builders Custom Flooring Phone: [REDACTED]  
 Address: \_\_\_\_\_

Full Name: Matt Gibb Relationship: Partner/Friend  
 Company: DDA Phone: [REDACTED]  
 Address: \_\_\_\_\_

**Boards or Committees of Interest**  
 (Select in order of your preference: 1=First Choice, 2=Second Choice, 3=Third Choice)

<input checked="" type="checkbox"/> Downtown Development Authority (DDA)	<input type="checkbox"/> Parks & Recreation Advisory Committee
<input type="checkbox"/> Zoning Board of Appeals (ZBA)**	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Development Area Citizen Council (DACC)	

\*\*Contact the Village Clerk's Office for additional application requirements.  
 NOTE: YOUR APPLICATION WILL BE KEPT ON FILE FOR 2 YEARS.

**Disclaimer and Signature**

To the best of your knowledge, do you or a member of your immediate family have any direct financial or business relationships with any supplier, service provider or contractor of the Village of Lake Orion from which you or they derive direct compensation or financial benefit?

YES

NO

If yes, please explain:

Printed Name: **Todd Garris** Date: **12/22/25**

Signature: 

**FOR OFFICE USE ONLY:**

Date Appointed	
Term Expired	
Date Reappointed	

**Disclaimer and Signature**

I certify that the facts set forth in this Application of Employment, in my resume and in the other material I have submitted are true and complete. I understand and acknowledge that false information provided by me will result in disqualification from employment with the Village of Lake Orion (hereinafter "the Employer") or in dismissal from employment if an offer of employment has been made and accepted.

I hereby authorize the Employer, to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Employer. I further hereby release the individual or entity conducting the search, the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or convictions will result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

In consideration of my employment, and subject to any collective bargaining agreement applicable to me, I agree and understand that my employment and compensation can be terminated with or without cause, with or without notice at either my option or at the option of the Employer, it being mutually understood and agreed that my relationship with the Employer is one of employment at will and no representation of the Employer, other than the Village Council, has any authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the President of the Village Council.

I hereby consent to having a physical and/or psychological examination and/or test(s), including but not limited to drug and/or alcohol testing, conducted by a physician or other professional of the Employer's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

Subject to the terms of any collective bargaining agreement applicable to me, I agree not to commence any action or suit relating to my employment with the Employer more than 180 days after the occurrence of the facts giving rise to the claim, or more than 180 days of the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary.

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations of the Employer.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Printed Name:

TOOD GARRIS

Date:

12/22/25

Signature:

[Redacted Signature]