CITY OF MADISON HEIGHTS
APPLICATION FOR BOARDS AND/OR COMMISSIONS

Please complete, sign and date application and return to:

City Clerk's Office
300 W 13 Mile Road
Madison Heights, MI 48071
Fax: (248) 588-0204 Email: clerks@madison-heights.org

Indicate the board you wish to apply for with an "x" in the box provided (please use one application per board):

☐ Active Adult Center Advisory Board	■ Downtown Development Authority / Brownfield Redevelopment Authority	☐ Multicultural Relations Advisory Board
☐ Arts Board	☐ Elected Officials Compensation Committee	☐ Parks & Recreation Advisory Board
☐ Civil Service Commission	☐ Environmental Citizens Committee	☐ Planning Commission*
☐ Community Development Block Grant Review Committee	☐ Historical Commission	☐ Police and Fire Retirement Board / Health Care Benefits Trust
☐ Construction Board of Appeals	☐ Information Technology Advisory Committee	☐ Tax Board of Review
☐ Crime Commission	☐ Library Advisory Board	☐ Other:

*****Appointment to the Planning Commission will require you to resign from all other Boards/Commissions. (Code of Ordinances Section 2.109 and MCL 125.33(3))

Indicate below why you wish to serve on this Board/Commission and your relevant experience:

As a resident and owner of B.L. Fitness & Health in Madison Heights, I'm deeply invested in the growth and vitality of our downtown district.

My background combines small business ownership, community outreach, and a passion for creating safe, active spaces.

Do you currently serve on any other Boards/Commissions?
Yes ☐ No ■ If YES, which one(s)? _____

APPLICANT INFORMATION:

Print Name Lourdes Osorio-Lorenzo
(Last) (First)

Street Address 631 E Brockton Ave. email: LDO0210aGMAIL.COM

Home Phone # _____ Business/Cell Phone# 248-982-1211

Employer: B.L. Fitness and Health Occupation: Owner

Educational Background: In process of Bachelors in Science

Community Activities and/or Work Experience: Owner of B.L. Fitness & Health in Madison Heights for over 5 years. Volunteer and donor at Madison Heights Food Pantry.
Promoted public wellness through the city's outdoor Fitness Court. 15+ years of experience in health, fitness, and community outreach.

Have you ever been arrested and convicted of a misdemeanor or felony? Yes No If YES, provide details: NO

☐ Lourdes Osorio-Lorenzo
Signature

6/24/2025
Date

Thank you for your interest in serving on an Advisory Board or a Commission. This application will be kept on file for ONE YEAR. All information in this application is public information and subject to disclosure in response to public records request made pursuant to the Freedom of Information Act.

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Background Check Authorization and Waiver

*Race: White ☐ Black ☐ Hispanic ☑
American Indian ☐ Asian ☐ Other ☐

*Gender: Male ☐ or Female ☑

*These items are required to enable the City of Madison Heights to conduct accurate background checks at any time while applying for or while serving on a Board and/or a Commission. The City of Madison Heights fully supports and complies with the laws which are enacted to protect and safeguard the rights and opportunities of all people, without being subjected or exposed to harassment or discrimination of any kind, including age, national origin, sex, race, religious affiliation, color, height, weight, or marital status.

I herewith release, defend and hold harmless the City of Madison Heights from any and all claims by myself which may arise from performance of the duties for which I am volunteering. I understand that the City of Madison Heights will indemnify me from any and all claims arising from the performance of the duties for which I am volunteering as long as I am following the rules, regulations, and policies of the department and the City.

I authorize the City of Madison Heights to investigate my background as determined necessary for the particular activity for which I am volunteering. I hereby release and discharge the City of Madison Heights, the Oakland County Sheriff's Department, and/or the Michigan State Police and their agents from liability for any damage of whatever kind or nature, except for willful or intentional acts, that may result from release of this information to the City of Madison Heights.

Print Name

Osorio-Lorenzo	Lourdes
Last	First
L 652 549 135 108	02/10/1978
Driver's License Number	Date of Birth
☐ Lourdes Osorio-Lorenzo	6/24/2025
Signature	Date