Morris, Melissa

From: postmaster@muniweb.com
Sent: Wednesday, October 4, 2023 5:08 PM
To: Hanson, Cortney; Morris, Melissa
Subject: Boards and Commissions ReApplicaton

Name
Margaret Beller

Nickname, if preferred
Megs

Address*
1235 South Lake Drive

Preferred Phone Number*
12487679582

Email*
margaretbeller@gmail.com

Employed by
Retired

For which board or commission are you re-applying?
Board of Review

Why would you like to serve?
I have enjoyed my work on the Board. I

What are you proud of accomplishing during your term?
I hope I have helped home owners understand their rights and make them feel at ease.

If reappointed, what do you hope to accomplish in your next term?
Learn the nuances of the assessment process.

What do you want Council to know about your board or commission, and how can they assist your board or commission with its goals?
Capable and professional support from the assessment office. They really are a fair and impartial group.

Is there anything else you would like for Council to know about you and/or your work on the board or commission?
I look forward to working for and with the assessment office and the people who come to us for relief.

By checking the box, I understand I am volunteering my services with no monetary compensation or benefits. I understand I am not a City of Novi employee. I further understand the City of Novi is not obligated to accept my offer of volunteering service to the City of Novi. The City of Novi reserves the right to terminate my volunteer service at any time. I have read the Volunteer NOVI Guidebook and Policies. I will adhere to the policies and procedures of the City of Novi. I authorize fingerprinting, criminal background checks, search of sex offender registry, and Department of Motor Vehicle checks as deemed necessary by the City of Novi. I authorize investigation of any matter contained in the application. I understand as a volunteer I am NOT covered under the

City of Novi's Workers' Compensation Policy for any injury or accident sustained during my volunteer assignment. I understand I am to report any injury or accident immediately to my supervisor. I further understand any medical costs or other costs incurred as result of incident will be my responsibility. I further understand if I fail to report the injury or accident immediately to my supervisor I may be released from my current volunteer assignment and may be Ineligible for any assignment in the future. I give the City of Novi permission to use, publish and republish, without compensation or obligation to me any photographs, videos or other media now in existence, which may be developed for future use along with reproduction of my likeness taken during my volunteer service to the City of Novi. I declare under penalty of perjury all statements made in this application are true and correct of my own personal knowledge.

True