



# VILLAGE OF STOCKBRIDGE

PO Box 155, Stockbridge, Michigan 49285

## RESIGNATION FORM

The information provided on this form is for the use of the Stockbridge Village Council in its procedures for resignation under MCL 62.10. Forms may be submitted at any time and will be kept on file.

To which committee (s), board (s), or commission (s) are you resigning?

Please print or type.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

Date of resignation \_\_\_\_\_

I hereby certify that the preceding information is correct and to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail your completed form to:

**Village of Stockbridge**  
**PO Box 155**  
**Stockbridge, Michigan 49285**