CITY OF CLAWSON
425 N. MAIN STREET | CLAWSON, MICHIGAN 48017
PHONE: 248.435.4500 | FAX: 248.435.0515
WWW.CITYOFCLAWSON.COM

CITY OF CLAWSON
PUBLIC NOTICE
CITY COUNCIL VACANCY

NOTICE IS HEREBY GIVEN that the City of Clawson is accepting applications from Clawson residents interested in an appointment to fill the vacancy of a Council seat until the next Regular City Election November 2, 2027, at which election a successor shall be elected for the unexpired term of the person whose office the vacancy occurs as stated in the Clawson Charter Sec.4.29.

Filing Requirements (for all candidates) – as set by the Clawson City Charter (Chapter 4 Section 4.01 and 4.31) as follows:

1. A citizen of the United States
2. A Registered elector in the City of Clawson
3. At least 21 years of age
4. A resident of the City of Clawson for at least one (1) year
5. Not in default to the city

Application forms are available at the City Clerk's Office, 425 N. Main St., Clawson, MI 48017, or by contacting the City Clerk at 248-435-4500 x118, or via e-mail at cityclerk@cityofclawson.com.

Applications are due at **12:00 noon on Tuesday, April 21, 2026**. Applications will be reviewed and interviews will be conducted with the City Council prior to the Council making an appointment to fill the position.

G. Machele Kukuk, MMC, MiPMC II
City of Clawson
City Clerk

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TO: Council Member Applicants
RE: City Council Appointment

Thank you for your interest in being appointed to the City of Clawson City Council.

> Per the Clawson City Charter Regular Meetings are held:
>
> Sec. 2-33. Regular meetings.
> The council shall meet regularly at least once each month on such day and at such time as may be prescribed by resolution in the council chambers; provided, however, that when the day fixed for any regular meeting falls upon a day designated by law as a legal or national holiday or election day, such meeting shall be held at the same hour on the next succeeding day.

The position involves two regular Council meetings each month which are held on the first and third Tuesdays at 7:30 p.m. in the City Hall Council Chambers. Special meetings may be called as the need arises.

Enclosed is an application to be completed and returned to the City Clerk. The forms returned will be given to the Council for their review. The Council will then review all interested applicants during the Thursday, April 23, 2026 at 6:30 p.m. Special City Council Meeting.

If you have any further questions, please feel free to contact the City Clerk. The application should be returned to the City Clerk no later than **Tuesday, April 21, 2026, at 12:00 noon**.

Applications can be returned to the City Clerk, in person, or by email at: cityclerk@cityofclawson.com.

Sincerely,

G. Machele Kukuk

G. Machele Kukuk, MMC, MiPMC II
City of Clawson
City Clerk

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APPLICATION FOR APPOINTMENT TO CITY COUNCIL

*Resumes are encouraged and may be attached to your **completed** application.*

Name:	
Home Address:	
Home Phone:	**Work Phone:**
Cell Phone:	**Email:**
Please note your preferred method(s) to be contacted: ☐**Home Phone** ☐**Work Phone** ☐**Cell Phone** ☐**Email**	
Residency is required. How many years have you lived in Clawson? _____	

Describe any experiences that led to your desire to serve the community.

Provide a brief biography including your skills, background and expertise, as well as involvement in the community, professional or other nonprofit organizations that are specifically applicable to this position.

Employment: List your three most recent employment experiences.

Dates of Employment	Company Name/Location	Position	Job Description

Education: List your most recent educational experiences.

Educational Institution/School	Certificate/Degree Received	Area(s) of Study

Important Public Records Information: All information submitted in this application is public information and subject to disclosure in response to a public records request made pursuant to the Freedom of Information Act. Please contact the Clerk at 248.435.4500 ext. 116 or 118 if you have any questions or concerns about the disclosure of specific information.

Truth and Accuracy: I certify that the information contained on this form is accurate and complete to the best of my knowledge. I understand that all information disclosed on this form will be available to the public as part of a Freedom of Information Act request.

_____ _____

Applicant's Signature **Date**

Return completed forms to:
Attn: City Clerk
City of Clawson
425 N. Main Street
Clawson, MI 48017

Fax: 248.435.3240

Email: cityclerk@cityofclawson.com

For more information call 248.435.4500.