Michigan Municipal Treasurers Association

I hereby certify that



(applicant)

Experience Verification Form

Complete this form if you do not hold the title of Finance Director, Treasurer, Deputy Treasurer, or Assistant Treasurer. Form must be completed by your mayor, manager, or supervisor.

| | , , | | |
|---|--|-------|----------|
| 1. | Is an employee of a governmental entity (e.g., authority, city, county, township, or village), or the State of Michigan, | | |
| 2. | Performs statutory duties required of treasurers including receiving, depositing, or investing municipal funds and billing, collecting, and distributing tax payments, and | | |
| 3. | Has performed the duties required of a treasurer, deputy treasurer, or assistant treasurer for three years. | | |
| Name | ne | | |
| Title _ | | | |
| Governmental Entity | | | |
| City | | State | Zip Code |
| Phone Number | | Email | |
| Signature | | | |
| Please return this form to MMTA by attaching it to your online application. | | | |
| Contact MMTA Association Managers with questions at info@mmta-mi.org or 989.820.8389. | | | |