

## Community Mental Health Services

of Gratiot County

Adult, Child, Adolescent & Family Services

608 Wright Ave. Alma, MI 48801-0069

Phone: (989) 463-4971 or (800) 622-5583

Fax: (989) 466-5470













National Council for Community Behavioral Healthcare January 6, 2015

Carol Vernon Gratiot County Clerk 214 E Center St. P.O. Box 437 Ithaca, MI 48847

Dear Ms. Vernon:

It has come to our attention that Matt Schooley will no longer be able to serve on the Gratiot County Community Mental Health Board of Directors. We value Matt's service and the expertise in law enforcement he brought to our Board.

We have received an application for appointment from Zack Everitt. We ask that the Commissioner's accept Mr. Everitt's application to fill the remainder of the term for Matt Schooley which ends March 31, 2015. We are confident that Mr. Everitt's professional experience and personal involvement in this community will support the strategic direction of our organization.

Thank you for your time and assistance in completing the appointment process. Should you have any questions regarding this appointment please contact my Executive Assistant, Melissa Guthrie at 989-466-4145.

Sincerely,

Carolyn Hilley

Chief Executive Officer

## GRATIOT COUNTY BOARD OF COMMISSIONERS

## APPLICATION FOR APPOINTMENT TO BOARDS AND COMMISSIONS

Board or Commission to which appointment is desired.	If more than one, please list in order of preference.)
CMH	
1. Name FACE EVERITY 2. C	occupation_ATTARNEY
3. Employer GAWAGHEL, EVERITT & ASSOC, Suc 4. E	-mail address <u>Lack e GELEGAL.Com</u>
5. Home Address 5633 N. WINANS BD	ArnA 48801
1. Name <u>falle Evelitt</u> 2. Co. 3. Employer <u>GAUAGHEL</u> , <u>EVELITT &amp; ASSOC. fue</u> 4. E. 5. Home Address <u>5633 N. WINANS BD</u> Street 6. Home Telephone <u>(989)</u> (20-1777 7. B	City $\frac{\text{Zip}}{\text{pusiness Telephone}} = \frac{(989) 466 - 977 9}{(989) 466 - 977 9}$
8. Length of residency in Gratiot County	County Commissioner's District
10. List other community organizations/commissions that are you are a member of:	
COLMER ROCKERS FORMER UNITED WAY OF BOALD OF LANSING ASSA OF FINANCIAL Please indicate below the background or experience you indicate any reasons for desiring to serve on the requester AS A PERSON WHO HAS SUFFERED IN THE IN THE IN SURFICE ON THE	have which will have value if you are appointed. Also, d board or commission.
(Please continue on reverse side if no Please attach resume or other per	
Date of Application Sign	Jali III
PLEASE RETURN THIS APPLICATION TO: Gra 214 P.O. Itha Pho	tiot County Clerk's Office E. Center St. Box 437 ca, MI 48847 ne (989) 875-5215 (989) 875-5254