

CITY OF MANZANITA
APPLICATION FOR CITY COUNCIL APPOINTMENT

NAME _____ PHONE _____

STREET ADDRESS _____

MAILING ADDRESS _____

LENGTH OF FULLTIME RESIDENCY _____

OCCUPATION _____

WOULD YOU BE ABLE TO MEET: DAYS _____ EVENINGS _____

STATE IN YOUR OWN WORDS WHY YOU WISH TO SERVE IN THIS POSITION:

SIGNATURE _____

DATE SUBMITTED _____

THIS APPLICATION MUST BE COMPLETED AND RETURNED TO CITY HALL NO LATER THAN 5:00 PM, MONDAY, JULY 31, 2017.

APPLICANTS MUST BE REGISTERED VOTERS WHO HAVE RESIDED IN THE CITY FOR AT LEAST ONE YEAR PRIOR TO THE APPOINTMENT.

THE CITY COUNCIL WILL CONSIDER ALL APPLICATIONS AT A REGULAR MEETING ON AUGUST 9, 2017 AT 7:00PM IN THE CITY COUNCIL CHAMBERS. PLEASE PLAN TO ATTEND THIS MEETING TO ANSWER ANY QUESTIONS THE COUNCIL MAY HAVE.