



LA PINE CITY COUNCILOR APPLICATION

Applicant's Full Name

Street Address

Mailing Address

Home Phone

Work Phone

Cell Phone

Email Address

Current Occupation

Present Employer

Occupational/Educational Background

Degrees

Years in this Field

On a separate sheet(s), please type or print legibly answers to the following questions:

1. Why do you want to be a City Councilor?
2. What talents, skills, or abilities would you bring to the City Council?
3. What are your expectations for the City?
4. Are you willing to serve on subcommittees and/or represent the City in regional or community meetings?
5. How much time can you devote to this position on a monthly basis? _____ hours

I am a resident of the City of La Pine and will have been a resident within city limits for at least one year prior to appointment. To the best of my knowledge, the information contained in this application is true and accurate.

Date: _____ **Signature:** _____

Please return application to La Pine City Hall located at 16345 Sixth Street or mail to City of La Pine, PO Box 2460, La Pine, OR 97739