City of Central Point, Oregon 140 S 3rd Street, Central Point, OR 97502 541.664.3321 Fax 541.664.6384 www.centralpointoregon.gov



## Administration Department

Chris Clayton, City Manager Deanna Casey, City Recorder

## APPLICATION FOR APPOINTMENT TO CITY OF CENTRAL POINT COMMITTEE

Name:		Date:		
Address:				
Home Phone:		Business Phone:	Cell Phone:	
Fax:		E-mail:		
Are you a regi	stered voter with t	he State of Oregon? Yes	No	
Are you a city	resident? Yes	No		
(Please Commission	make sure the data members are requ ates (All meeting Budget Comm Citizens Advis Council Study Multicultural C Planning Com	ired to file an Annual Stateme	ule before applying. Council and Planning ant of Economic Interest to the State of Oregon. or additions, times vary for each annually fevery quarter month annually on the state of Oregon.	
Employmen	nt, professional, ar	d volunteer background:		
·	y affiliations and a			
Previous Ci	ity appointments,	offices, or activities:		

As additional background for the Mayor and City Council, please answer the following questions.	-
<ol> <li>Please explain why you are interested in the appointment and what you would offer to the community.</li> </ol>	3
2. Please describe what you believe are the major concerns of the City residents and busines that this committee should be concerned about.	sses
3. Please provide any additional information or comments which you believe will assist the Council in considering your application.	City
4. Do you anticipate that any conflicts of interest will arise if you are appointed; and if so, h would you handle them?	.ow
My signature affirms that the information in this application is true to the best of my knowledge. I understand that misrepresentation and/or omission of facts are cause for removal from any council, advisory committee, board or commission I may be appointed to. All information/documentation related to service for this position is subject to public record disclosure.	
Signature: Date:	