



APPLICATION FOR CITY COUNCIL VACANCIES

Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email: _____

Occupation/Profession: _____

Years living in McMinnville? _____ Are you a registered voter? _____

Ward in which you reside: _____

Educational and occupational background: _____

Why are you interested in serving on the City Council? _____

What needs, challenges, and opportunities do you see for the City of McMinnville? _____

How would you work to represent all of the residents of your Ward? _____

Do you have any examples of work or accomplishments that are relevant to what you hope to achieve on the City Council? _____

List any other City or County positions on which you serve or have served: _____

I have sufficient time to devote to this responsibility and will attend the required meetings if appointed.

Signed _____

Date _____

**Please return to City of McMinnville – Attn: City Recorder,
230 NE Second Street, McMinnville, OR 97128
Phone: 503.435.5702 Fax: 503.472.4104 Email:
claudia.cisneros@mcminnvilleoregon.gov**