



CITY OF LYONS

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BOARD / COMMITTEE / COMMISSION / COUNCIL APPLICATION

Applicant Information (Please type/print clearly):

Name: _____

Street Address: _____

Mailing Address: _____

Contact Phone Number: _____

E-Mail Address: _____

Preferred method of contact: ☐ Mail ☐ Phone ☐ Email

Occupation: _____ Employer: _____

Please mark the Board, Committee or Commission in which you are interested in serving:

☐ Budget Committee

☐ Planning Commission

☐ Library Board

☐ City Council

Are you applying for reappointment: ☐ Yes ☐ No

1. How long have you lived in the area: _____ Year(s) _____ Month(s)

2. How did you learn about this position opening?

3. Please provide a brief description of the experience, training or education that you feel qualifies you for this particular position.

4. List current involvement in other community groups and/or activities.

5. What special contribution do you feel you can make to the group/position you are applying for?

6. Fulfilling the responsibilities of a position on a governmental board can include a significant amount of time spent in training and education, meetings, workshops, document review and projects. Do you feel that this is a time commitment you can make? Please explain.

RESIDENCY:

The following applies for appointments that require residency and elector status:

I, _____, certify that I currently reside within the corporate limits of the City of Lyons and am an eligible elector as defined by ORS 246.012(5); or, for the Library Board, I reside within a 10-mile radius of the city limits. I further acknowledge that should either my residency or my eligibility as an elector change, I will notify the City of Lyons immediately. Please attach proof of residency and, if applicable, voter registration card.

PUBLIC DISCLOSURE:

The City sometimes receives requests for contact information for members serving on City boards, commissions and committees. As an appointed public body volunteer, serving the City of Lyons, the information provided on this application is considered public record.

ACKNOWLEDGEMENT:

My signature acknowledges that the information I have provided on the application is true and complete to the best of my knowledge and I understand that the information provided on this application is considered public record.

Signature

Date of Signature