

**STATEMENT OF INTEREST AND BACKGROUND FOR APPOINTMENT TO
BOARD/COMMISSION FOR CITY OF ESTACADA**

DATE:

BOARD/COMMISSION APPLIED FOR:

NAME (Last, first, middle):

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE (work & home):

**IF THE ABOVE ADDRESS IS IN THE CITY LIMITS,
HOW LONG HAVE YOU LIVED THERE?**

PRESENT OCCUPATION:

**RELEVANT BACKGROUND AND EXPERIENCE (Attach additional
information if necessary):**

**ON THE BACK OF THIS SHEET OR ATTACH ANOTHER SHEET, PLEASE
TELL US WHY YOU WOULD LIKE TO BE APPOINTED TO THIS BOARD OR
COMMISSION.**

PLEASE SIGN AND DATE YOUR APPLICATION

RETURN THIS FORM TO:

**City Recorder, City of Estacada
PO Box 958, Estacada, OR 97023**