

# City of Junction City

## Application for Budget Committee

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Have you resided within the City limits of Junction City for one year? \_\_\_\_ Yes \_\_\_\_ No

Are you an officer or employee of the City? \_\_\_\_ Yes \_\_\_\_ No

Are you a qualified voter of the City? \_\_\_\_ Yes \_\_\_\_ No

Are you available for evening meetings? \_\_\_\_ Yes \_\_\_\_ No

Have you served previously on any City of Junction City Committees, Commissions, Council or other Boards? \_\_\_\_ Yes \_\_\_\_ No

If yes, which one/ones and when? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to serve now? (Use reverse or additional sheet if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any special qualifications you may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

City Recorder

680 Greenwood St

PO Box 250

Junction City OR 97448

Phone: 541-998-2153

Fax: 541-998-3140

