

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

185 W. 8th Avenue

PO Box 250

Junction City OR 97448

Phone: 541-998-2153

Fax: 541-998-3140

