



CITY OF TENINO

City Council Vacancy Application

(Please type or print clearly)

Name: _____

Address: _____

Home Phone: _____ **Business Phone:** _____

Email Address: _____

How long at Residence: _____ **Best time to contact:** _____

Reason you are interested in serving:

Community activities/involvement:

Applicable education, occupational, and specialized experience:

Council members make recommendations and decisions that affect the entire community.

- 1.) Do you foresee possible conflicts of interest with any of your current employment or civic positions? Yes *(Please explain on back)* No

- 2.) When making recommendations and decisions do you feel you could be impartial and base your decision on the overall need and benefit of the Community? Yes No *(Please explain on back)*

- 3.) Are there any days or evenings you are unavailable to meet? Yes *(Please explain on back)* No

Signature: _____ **Date:** _____

Please return completed form and any additional information to:
City of Tenino – Attn: City Clerk, 149 South Hodgden St., P.O. Box 4019, Tenino, WA 98589
For more information please call (360) 264-2368