

Application for Appointment to City Council

NAME: _____

ADDRESS: _____

TELEPHONE: (Home)_____ **(Work)**_____ **(Cell)**_____

EMAIL: _____

Are you a registered voter: **YES** **NO**

How long have you lived in Moraine: _____

What position are you applying for:_____

If applicable, how long have you lived in the Ward you are applying for:_____

Have you ever served as a council member or as a member of a City board or commission? If so, list and dates of service.

Please furnish two references who can speak to your qualification for the desired appointment:

Name: _____ **Phone:** _____

Address: _____ **Zip:** _____

Name: _____ **Phone:** _____

Address: _____ **Zip:** _____

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What are your activities and interests?_____

If appointed to serve, do you plan to run for this position at the special election? Y or N

If yes, explain_____

[illegible]

Authorize full disclosure: **Yes** **No**

Please return the completed form to the City of Moraine Clerk of Council, 4200 Dryden Road, Moraine, OH 45439. If you have any questions, please contact the City of Moraine Clerk of Council at (937) 535-1005.