Application for Appointment to City Council

| NAME: | | | | |
|--|------------------|---|------|--|
| ADDRESS: | | | | |
| TELEPHONE: (Home) | | | | |
| 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 spo | eak to your qual | ification for the desired appointm | ent: | |
| Name: | Phone: | | | |
| Address: | | Zip: | - | |
| | | | | |
| Name: | Phone: | | | |
| Address: | | Zip: | - | |
| +++++++++++++++++++++++++++++++++++++++ | -++++++++++ | +++++++++++++++++++++++++++++++++++++++ | | |
| What are your activities and interests? | | | | |
| | | | _ | |
| | | | | |

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

| Do you have any scheduling conflicts that would preclude you from attending Council meetings which are scheduled on the 2^{nd} and 4^{th} Thursdays of the month? Y or N | | |
|--|--|--|
| If yes, explain | | |
| Please describe (in 100 words or less) your reasons f and why you believe you can represent the citizens of needed, please attach an additional page) | or seeking a position on the Moraine City Council | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **If you have a resume (2-pages), please attach it to | this application. | |
| The Moraine City Council will review your applicat | ion and may desire to conduct an interview. | |
| This application is subject to public disclosure. You may be exempt unless you authorize disclosure. | r residential address and residential phone number | |
| Authorize full disclosure: Yes No | | |
| Signature | Date | |

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.