



**Citizen Interest Application  
City Council**

**City of Scappoose**  
**33568 East Columbia Avenue**  
**Scappoose, Oregon 97056**  
phone 503-543-7146/fax 503-543-7182

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

Address: (Res) \_\_\_\_\_ Res Phone: \_\_\_\_\_

Address: (mailing): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Lived in City limits of Scappoose since: \_\_\_\_\_ Are you a registered voter? \_\_\_\_\_  
(must be at least 18 years old)

**Educational background:** \_\_\_\_\_

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**Occupational background:** \_\_\_\_\_

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**Other information & general remarks:** \_\_\_\_\_

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**Why are you interested in serving on the City Council?** \_\_\_\_\_

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**What do you think are the biggest challenges facing the City of Scappoose?**

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**What experience do you have that you believe would be valuable as a member of the Council?**

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**How would you judge the City's performance:**

Poor \_\_\_\_\_ Adequate \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Other comments: \_\_\_\_\_

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Date received at City Hall: \_\_\_\_\_

Date copy given to Mayor: \_\_\_\_\_

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

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

**Qualifications:**

- Registered to vote in Oregon.
- Must have resided in the City limits of the City of Scappoose during the 12 months prior to appointment.