



SCAPPOOSE

Oregon

Citizen Interest Application for 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: _____

Occupational background: _____

Other information & general remarks: _____

Why are you interested in serving on the City Council? _____

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

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

How would you judge the City’s performance:

Poor _____ Adequate _____ Good _____ Excellent _____

Other comments: _____



Date received at City Hall: _____

Date copy given to Mayor & Council: _____

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.