



**SCAPPOOSE**  
*Oregon*

**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:** \_\_\_\_\_

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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 & 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.