



City Recorder's Office  
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## COMMITTEES / COMMISSION APPLICATION

**Applicant Information (Please type/print clearly):**

Name:		Date:	
Home Address:			
Mailing Address:			
Home Phone:		Email Address:	Business Phone:
Occupation:		Employer:	Emergency Contact Phone:
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email			
Please mark which one you are interested in serving on:			
<input type="checkbox"/> <i>Ad Hoc Committee</i> _____ <small>(Print the Ad Hoc Committee Name)</small>		<input type="checkbox"/> <i>Non-Election Council Vacancy</i>	
<input type="checkbox"/> <i>Budget Committee</i> <small>(Must be Registered Voter)</small>	<input type="checkbox"/> <i>Library Advisory Committee</i>	<input type="checkbox"/> <i>Parks, Trees &amp; Trails Advisory Committee</i>	
<input type="checkbox"/> <i>Planning Commission</i>	<input type="checkbox"/> <i>Senior &amp; Disabled Services Advisory Committee</i>		
Are you applying for reappointment: <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, how long did you serve in this capacity: ____ Year(s) ____ Month(s)			
Describe experience <b>related</b> to position applying for:			
List current and/or previous involvement on any government boards/committees/commissions/councils:			
Explain why you are interested in serving in this capacity (attach additional sheet if needed):			

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE RECEIVED: ____ / ____ / ____	City Council Appointment Date: ____ / ____ / ____
DATE SENT TO:	Applicant Notification Date: ____ / ____ / ____
Director: ____ / ____ / ____      Mayor: ____ / ____ / ____	Term Start Date: ____ / ____ / ____
Applicant Appointed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Term End Date: ____ / ____ / ____