



APPLICATION FORM FOR CITY COUNCIL OR MAYOR VACANCY

Name: _____ Date: _____

Mailing address: _____ City, State, Zip: _____

Street address: _____ City, State, Zip: _____

Telephone: _____ Cell phone: _____

Email address: _____

Registered voter in Wheeler? Yes: _____ No: _____

How long have you lived in Wheeler? _____

Signature: _____

In addition to the information provided above, please submit a letter with this application answering the following three questions:

1. What background or experience do you have that would make you an effective member of the City Council?
2. Why would you like to serve on the City Council?
3. Are you willing to commit to attending all City Council meetings, workshops, training events and budget committee meetings?

Please also include a current resume with you application.

You may submit your application, letter and resume by mail, email or in person at Wheeler City Hall. If sending by email, please send to citymanager@ci.wheeler.or.us.