



City Council Application Form

To qualify for this position, you must currently be a registered voter in, and have resided within the City of Okanogan continuously for the past year.

Applicant's Name: _____

Physical Address: _____ How Long: _____

Mailing Address: _____

Work Phone: _____ Home Phone: _____ Fax: _____

E-Mail: _____

Statement of interest (use reverse side of form if necessary):

Brief personal biography (or attach resume):

Professional licenses/training:

Applicant's Signature: _____ Date: _____



For Office Use Only

Date Received: _____ By: _____ Note Any Attachments: _____

Length of Residency: _____ Registered Voter: Yes ___ No ___

Convicted Felon: Yes ___ No ___ Rights Restored: Yes ___ No ___