



Application for City Council Vacancies

APPLICANT INFORMATION

Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email: _____

Occupation/Profession: _____

Years living in Newberg: _____ Live in City limits? _____ Are you a registered voter? _____

How would you currently rate City's performance? _____

What ideas do you have for improving the City's performance? _____

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

What qualifications, skills, or experiences would you bring to the City Council? _____

What contributions do you feel you can make to the City Council? _____

I have sufficient time to devote to this responsibility and will attend the required meetings if appointed.

Signature: _____ Date: _____

City Council • Email: cityrecorder@newbergoregon.gov • Phone: (503) 537-1283



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FOR OFFICE USE ONLY:

Council District Reside In: _____

Registered Voter: Y _____ N _____ Since: _____

Utility Customer Y _____ N _____ Since: _____

Other: _____