



City of Sutherlin

Application for Citizen Advisory Committee/Commission/Board Appointment

Name _____ Date _____

Address _____ Phone _____

Email _____ Bus. Phone _____

Length of Residency in Sutherlin _____ Registered Voter? _____

Candidate for position on _____

Relevant background and experience _____

What are your major interests or concerns in the City's programs? _____

Why would you like to be appointed to this position? _____

RETURN FORM TO: City Recorder, 126 E. Central Avenue, Sutherlin, OR 97479

For Office Use Only:

Date received: _____ Date considered: _____

Action by Council _____ Term Expires: _____

Recorder signature _____