

# CITY OF LAFAYETTE

## APPLICATION FOR CITY COUNCIL

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

HAVE YOU BEEN INVOLVED WITH ANY OTHER COMMITTEES/ACTIVITIES IN THE COMMUNITY?

YES                       NO

IF YES, PLEASE EXPLAIN:

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HAVE YOU BEEN A RESIDENT IN LAFAYETTE FOR THE PREVIOUS 12 MONTHS?

YES                       NO

ARE YOU A REGISTERED VOTER IN LAFAYETTE?

YES                       NO

HOW WOULD YOU DESCRIBE THE ROLE OF A CITY COUNCIL PERSON?

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IN ORDER TO SHOW PROOF OF RESIDENCY, PLEASE SUBMIT A COPY OF THE FOLLOWING WITH THIS APPLICATION:

- VOTER'S REGISTRATION CARD
- OREGON DRIVER'S LICENSE; AND

ONE OF THE FOLLOWING:

- TAX RETURNS
- MAIL ADDRESSED TO APPLICANT AT A STREET ADDRESS IN THE CITY LIMITS

Please mail or return your completed form to:  
Lafayette City Hall  
486 Third St. PO Box 55 Lafayette, OR 97127