



# City of Maupin

PO Box 308  
Maupin, OR 97037

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cityhall@cityofmaupin.org

EQUAL OPPORTUNITY EMPLOYER

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## APPLICATION FOR APPOINTMENT TO CITY OF MAUPIN PLANNING COMMISSION

**Please type or print answers to the following questions and submit to the City Recorder at City Hall, 408 Deschutes Avenue, Maupin, OR 97037. If you have any questions, please feel free to contact the City Recorder at 541-395-2698. Thank you for your time and interest in the City of Maupin. Attach additional sheets if necessary.**

I, \_\_\_\_\_, respectfully request to be considered as an applicant for a position on the City of Maupin Planning Commission.

\_\_\_\_\_  
(Physical Address -- House No., Street, City)

\_\_\_\_\_  
(Mailing Address -- Rural Route/PO Box No., City)

\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_

**No more than two members of the Commission shall be non-residents of the City of Maupin. In order for a non-resident to be eligible to serve as a planning commission member, the non-resident must be a resident of Maupin School District.**

Do you reside within the City limits? \_\_\_\_\_ within the Maupin School District? \_\_\_\_\_  
How long in City or School District? \_\_\_\_\_ years \_\_\_\_\_ months

**No more than two members of the Commission shall be engaged principally in the buying, selling or developing of real estate for profit as individuals, or be members of any partnership, or officers or employees of any corporation that is engaged principally in the buying, selling or developing of real estate for profit. No more than two voting members shall be engaged in the same kind of business, trade or profession.**

Current Employer \_\_\_\_\_

Brief outline of experience and occupations. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What reasons do you have for wanting to be a member of this Commission?

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My signature affirms that the information in this application is true to the best of my knowledge. I understand that misrepresentation of facts are cause for removal from any advisory committee, board or commission I may be appointed to. I also understand that City policy requires disclosure of actual or potential conflicts of interest by persons appointed by the Mayor and Council. All information and documentation related to service on this commission is subject to public records disclosure.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)