



# City of Maupin

PO Box 308  
Maupin, OR 97037

Tel: 541-395-2698  
Fax: 541-395-2499  
cityhall@cityofmaupin.org

EQUAL OPPORTUNITY EMPLOYER

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## APPLICATION FOR APPOINTMENT TO CITY OF MAUPIN BUDGET COMMITTEE

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 Budget Committee.

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

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

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Email Address

**A qualified applicant must reside within the City of Maupin City Limits and a registered voter.**

Do you reside within the Maupin city limits? \_\_\_\_\_

How long have you been a resident? \_\_\_\_\_ years \_\_\_\_\_ months

Are you a registered voter in the City of Maupin? \_\_\_\_\_

Occupation (present employment) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupational Background (previous employment) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education / Activities:

Please list academic background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any current or prior Civic or Professional organizations / activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Related Experience:

What prior work or volunteer experience have you had that would be helpful if you were appointed to this position?

\_\_\_\_\_  
\_\_\_\_\_

What other special skills or training do you have that would bring special value to your ability to serve on this committee?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)