

City of Prineville
Committee – Commission Application

Date:	Position Applying For:
First Name:	Last Name:
Street Address:	City & State: (Must reside within city limits)
Home Phone:	Cell Phone:
Work Phone: (if it is permitted to contact you there)	Email address:

Please list any relevant experience you have had that would make you effective in the position you are applying for: (Attach additional sheets if necessary)

Why would you like to serve in this position? (Attach additional sheets if necessary)

Please return completed application to:
387 NE Third Street – Prineville, OR 97754

Date Received _____ Received by: _____

Thank you for your interest in serving your community!