

City of Prineville
Council Position Application

Date:	Have You Lived inside the City Limits For at Least One Year? YES NO
	Are You a Registered Voter? YES NO
First Name:	Last Name:
Street Address:	City & State:
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: _____