



# City Councilor Application

(Please complete, sign and date application form and return to:

City of Baker City  
Attn: Katie LaFavor  
1655 First Street • P. O. Box 650  
Baker City, OR 97814  
Fax • 541.524.2024 Office • 541.524.2033  
[klafavor@bakercity.com](mailto:klafavor@bakercity.com)

The position for which you are applying is City Councilor for the City of Baker City. The appointed applicant will serve a partial term that will expire in December of 2020. This appointment will count towards 1 of the 2 terms where no person may serve as a City Councilor for more than two consecutive terms.

**NAME:** \_\_\_\_\_  
**RESIDENCE ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**EMPLOYER:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_  
**BUSINESS PHONE:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_  
**OCCUPATION/PROFESSION:** \_\_\_\_\_

Have you resided within Baker City for the previous 12 months? \_\_\_\_\_ Are you a registered voter in the state of Oregon? \_\_\_\_\_

How would you currently rate the City's performance?      Excellent                      Good                      Fair                      Poor

What ideas do you have for improving "Fair" or "Poor" performance? \_\_\_\_\_

Why are you interested in serving on the City Council? \_\_\_\_\_

What contributions do you feel you can/will make to the City Council and citizens of this community? \_\_\_\_\_

What qualifications, skills, or experiences would you bring to the City Council? \_\_\_\_\_

Previous/current appointed or elected offices: \_\_\_\_\_

Previous/current community affiliations or activities: \_\_\_\_\_

Signature: _____	Date: _____
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Office use: date appointed/denied _____ term ends: <u>December of 2020</u>
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Please be sure to attach a letter of interest to this application. Incomplete applications will not be considered.  
The City of Baker City is an EEO Employer