



City Councilor Application

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

City of Baker City
Attn: Rheann Weitz
1655 First Street • P. O. Box 650
Baker City, OR 97814
Fax • 541.524.2061 Office • 541.524.2033
cityrecorder@bakercity.gov

The position for which you are applying is City Councilor for the City of Baker City. Please fill out the application below. All fields are required and must be answered for application to be considered. Please attach a letter of interest. If you need more room for answers, please attach a separate sheet to the application.

NAME: _____ HOME PHONE: _____

RESIDENCE ADDRESS: _____ CELL PHONE: _____

MAILING ADDRESS: _____ E-MAIL: _____

EMPLOYER: _____ 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

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: December of 2022

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