



COMMISSION AND COMMITTEE APPLICATION

(Please print legibly or type)

CITY HALL
4222 NE Old Salem
Road Albany, OR 97321
www.cityofmillersburg.org
(458) 233-6300

Commission and/or Committee Preference:
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_____ *(list all for which you are applying)*

Name: _____ Preferred First Name: _____

Residential Information:	
Home Address: _____ _____	Phone: _____ Cellular: _____
E-mail: _____	Fax: _____ <i>(Optional)</i>

Employment Information:	
Employer's Name: _____ Work Address: _____ _____	Phone: _____ Cellular: _____
E-mail: _____	Fax: _____ <i>(Optional)</i>

Please provide information as requested below to describe your qualifications to serve on this City of Millersburg Commission or Committee. Feel free to provide additional information you wish to share with the City.

- List current or most recent occupation, business, trade, or profession:



COMMISSION / COMMITTEE SUPPLEMENTAL FORM

Your Name _____

Commission / Committee Name _____

Sometimes, the City receives requests for contact information for members serving on City commissions and committees. Under Oregon law, as a public body volunteer serving the City, your addresses and telephone numbers are generally exempt from public disclosure.

To help City staff members, could you please check “yes,” “no,” or “not applicable” below as to whether or not you authorize this information being available to the public:

Home Address	___ Yes	___ No	___ Not Applicable
Home Telephone Number	___ Yes	___ No	___ Not Applicable
Home Fax Number	___ Yes	___ No	___ Not Applicable
Personal Cell Number	___ Yes	___ No	___ Not Applicable
Home E-mail Address	___ Yes	___ No	___ Not Applicable
Work Address	___ Yes	___ No	___ Not Applicable
Work Telephone Number	___ Yes	___ No	___ Not Applicable
Work Fax Number Work	___ Yes	___ No	___ Not Applicable
Cell Number	___ Yes	___ No	___ Not Applicable
Work E-mail Address	___ Yes	___ No	___ Not Applicable

Generally, only information for which you have checked “yes” will be released. If you have chosen “no” to all and a citizen wants to communicate with you, the City will suggest that s/he either:

- send a letter to you c/o the City Recorder, 4222 NE Old Salem Road, Albany, OR 97321; then the City will forward it to you; or
- leave a phone message or e-mail message with the City Recorder who will then give the message to you.

Signature _____

Date _____