



CITY OF ANDERSON
APPLICATION FOR COUNCIL APPOINTMENT

Date: _____

Name: _____

Home Address: _____

Phone No.: _____

Business Address: _____

Phone No.: _____

Occupation: _____

I reside within the City of Anderson, am a registered qualified voter, and to the best of my knowledge, I meet the eligibility requirements for the office I seek. Yes _____ No _____

What qualifications/experience do you possess that will enable you to fulfill the responsibilities of, or function as a member of the City Council? (Attached additional pages if needed.)

Have you served on other Boards, Committees, or Commissions? Yes _____ No _____

If so, please list them:

Are you familiar with the time and travel commitments associated with serving on this Council?

Can you meet those commitments?

Please comment on your reasons for seeking this appointment. (Attached additional pages if needed.)

Signature

STATE LAW REQUIRES THAT APPOINTMENTS TO COUNCIL, BOARDS AND COMMISSIONS BE CONSIDERED BY THE CITY COUNCIL IN OPEN SESSION AND YOU MAY BE ASKED TO BE PRESENT FOR AN INTERVIEW.

THE CITY OF ANDERSON IS AN EQUAL OPPORTUNITY EMPLOYER