**City of Talent** 

110 East Main Street • P.O. Box 445 • Talent, OR 97540 Phone: (541) 535-1566 • Fax: (541) 535-7423

## Application for City Council

Position Applied For:		Date:
Name:		
Address:		
City:	State:	Zip:
Mailing Address (if diffe	erent):	
Contact Phone:		E-mail:
Current Occupation: (If retired or unemployed, st	ate your genera	l or past profession)
		limits or urban growth boundary, please view the official zoning map at
How long have you live	d in Jackson	County?
Selection criteria – Car	ndidates mus	t meet the following:
1. Be a resident of Talent (for a minimum of 30 days)		
2. Be a registered vote	er (i.e., a qua	lified elector in the City of Talent)
Are you an employee of the City of Talent, an occasional or potential contract employee, or do you have any other real or potential conflict of interest in working or serving in this capacity?		
		🗆 Yes 🗆 No
lf yes, please des	scribe:	
I believe that I am qual following reasons (atta		should be considered for the above position(s) for the sheet if necessary):

(Continue application on next page)

By signing this application, electronically or otherwise, I affirm that all information included is true and accurate to the best of my knowledge.

Signature:\_\_\_\_\_Date: \_\_\_\_\_

## Deadlines:

Applications are due by 5:00 p.m. on Wednesday, March 13<sup>th</sup>, 2024. Candidate interviews will take place during the City Council's regular meeting on Wednesday, March 20<sup>th</sup>, 2024 at 6:45pm at Town Hall.

## How to Submit:

- By email to City Recorder cityrecorder@cityoftalent.org.
- In-person at Talent City Hall, 110 East Main Street, Monday through Friday, 8:30 a.m. to 5:00 p.m.

## Questions:

Please direct all questions to the City Recorder's Office at (541) 535-1566 x6 or send an email to the City Recorder, cityrecorder@cityoftalent.org.