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"This institution is an equal opportunity provider and employer"

MAYOR/C	CITY Councilor Application		DATE	
Which are you applying for? Mayor, City Councilor Check one				
Name:				
Address (ph	nysical and mailing)	ity	_ State Zip	
Phone Num	ber: ()	:		
Have you be	een a resident of Weston for 1 ye	ear or more? Yes N	No	
Are you a re	egistered voter for the City of W	eston? Yes No		
Please give	a brief statement of your backgr	ound.		
	me questions to answer: You ma			
1.	Why do you want to be a mayor/city council member in Weston?			
2.	What do you feel are your qualifications for this position?			
3.	What do you think the duties of the council are?			
4.	What do you think the duties of a liaison are?			
5.	What do you think the duties of the City Planning Commission are?			
6.	What would be your personal goals to better the City of Weston?			
7.	What have you done for Weston in the past?			
References:	List three names (non-related).			
1.	Name	Pho	one Number ()	
2.	Name	Pho	one Number ()	
3.	Name	Pho	one Number ()	

Applicants may be subject to a criminal background check.