



City of Roslyn
City Council Vacancy Application Form

201 S 1st Street
P.O. Box 451
Roslyn, Wa. 98941-0451
(509) 649-3105

Name: _____

Address: _____

Home phone: _____ Business phone: _____

Email address: _____

How long at residence: _____ Best time to be contacted: _____

Reason you are interested in serving: _____

Previous community activity: _____

Applicable education, occupational, and specialized experience: _____

Do you foresee any possible conflicts of interest with any of your current employment or civic positions? _____

If selected to serve on the City Council, do you feel you could be impartial and base your decision on the overall need and benefit of the Community, rather than personal feelings?

Are there any days or evenings you are unavailable to meet? _____

If appointed, would you seek election to the position? _____

Signature: _____ Date: _____