



**City of Rockaway Beach, Oregon**

276 S. Highway 101, PO Box 5

Rockaway Beach, OR 97136

(503) 374-1752

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**RESUME FORM FOR CONSIDERATION BY MAYOR AND COUNCIL**  
**(PLEASE PRINT)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Registered voter in Rockaway Beach? Yes \_\_\_ No \_\_\_

How long have you resided in Rockaway Beach? \_\_\_\_\_

What background or experience do you have that would make you an effective member of the City Council?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to serve on the City Council?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to commit to attending all city council meetings, workshops, and budget committee meetings?

Yes \_\_\_ No \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_