

**City of Rockaway Beach, Oregon**

276 S. Highway 101, PO Box 5  
Rockaway Beach, OR 97136  
(503) 374-1752 FAX (503) 355-8221



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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  Precinct: \_\_\_\_\_

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

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

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Why would you like to serve on the Budget Committee?

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Are you willing to commit to a busy budget meeting schedule of one meeting per week between March and June and several scheduled meetings during the remainder of the year? Yes  No

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