



City of Rockaway Beach, Oregon
276 S. Highway 101, PO Box 5
Rockaway Beach, OR 97136
(503) 374-1752

APPLICATION FORM FOR CITY COUCNIL OR MAYOR VACANCY

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? _____

Signature: _____ Date: _____

1) In addition to the information provided above please, submit a letter with this application answering the following three questions:

1. What background or experience do you have that make you an effective member of the City Council?
2. Why would you like to serve on the City Council?
3. Are you willing to commit to attending all city council meetings, workshops, training events and budget committee meetings?

2) Please also include a current resume.

You may submit your application, letter, and resume by mail, email or in person at the Rockaway Beach City Hall. If sending by email, please send to bharth@corb.us