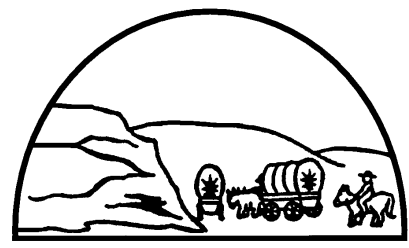


CITY OF PILOT ROCK  
Budget Committee Application  
JANUARY 2020



**APPLICATION FORM**

Name of Applicant \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

1. Why do you want to become a member of the Budget Committee?

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

2. What ideas do you have that would enhance the Committee?

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

3. How long have you lived in the City of Pilot Rock?

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

4. What City services do you currently make use of?

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

5. If appointed, what would be the best time for meetings for you?

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

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