



CITY OF ROGUE RIVER

133 Broadway • Box 1137 Rogue River, Oregon 97537 • (541) 582-4401
Fax: (541) 582-0937 • website: cityofrogue river.org

CITY COUNCIL APPLICATION

Name: _____ Telephone _____ home

Street Address: _____ work

Mailing Address: _____ pager

_____ cell

E-mail _____

Are you a registered voter? _____

Occupation and Employer (prior occupation if retired) _____

How long have you lived in Rogue River? _____

Have you served in a public office? _____ If so, please designate the office and dates of service _____

Are you, or, any member of your immediate family presently employed by the City of Rogue River? _____ If so, please specify _____

Why do you wish to serve on the City Council? _____

Signature _____ Date _____

