

City of Lufkin Board / Commission / Committee Membership Application

City Secretary's Office P.O. Drawer 190 Lufkin, TX 75902

NAME

PLEASE TYPE OR PRINT CLEARLY

Please complete all fields below

Do you have any pendi	ing claims or litigation against the City?			
Do you have any delinquent taxes, utilities, or other assessments owed to the City?				
Length of time lived in Lufkin?		At this Address?		
Email address:		Voter Registration Nun	nber:	
Home Phone:	Business Phone:	Cell Phone:	Fax:	
Mailing Address for cor	respondence:			
Business Address:				
nome Address.				
Home Address:				

POSITION SOUGHT: Please indicate your choices with 1, 2 or 3; where 1 is the most desired and 3 the least.

Animal Control Advisory Board	Hotel Tax Funding Board
Civil Service Commission	Parks & Recreation Advisory Board
Construction Board of Adjustment & Appeals	Tree Board
4B Economic Development Board	

Professional/	Occupational	l Infori	nation
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EDUCATION:		
Institution/School:	Diploma/Degree:	Year:
EMPLOYMENT:		
Employer:	Position:	Dates:
PROFESSIONAL LICENSES:		
PROFESSIONAL ASSOCIATIONS/ MEMBERSHIPS:		
CIVIC / VOLUNTEER ORGANIZATIONS & ACTIVITIE	S:	

Sign and return application

I understand that if I should be appointed to a board / commission or committee, I will be expected to participate actively in the business of the respective board / commission or committee. I also understand that I will be expected to become familiar with relevant City Ordinances and review all material relating to decisions to be made and that I may abstain only for cause.

I agree to adhere to the attendance requirements of said board / commission or committee.

I agree to contact the City Secretary's Office in the event that there is any change in my information as submitted on this application.

I understand that should a situation arises during my term on said board/commission or committee where I have a prohibited substantial interest, either direct or indirect, and such matter comes before said board/commission or committee, I understand that I will need to abstain from any discussion or vote on the matter. I understand that should I become unable to serve due to issues related to my ability to adequately participate in board matters, my appointment may be terminated.

I have and read, understand and completed this application to the best of my ability.

PRINTED NAME: _____

SIGNATURE:_____

DATE: _____

Questionnaire			
PL	EASE TYPE OR PRINT CLEARLY.		
1.	Do you currently serve on any other City Boards/Commissions/Committees ? If yes, please list.		
2.	Why are you interested in serving on a City Board/Commission/Committee?		
3.	Do you feel you can commit the time to serve effectively should you be elected to serve?		
4.	What do you consider to be the top three (3) issues affecting the City of Lufkin?		
5.	What is your vision for the future for the City of Lufkin?		
6.	Briefly state your opinion about the overall mission and goals of the City of Lufkin.		