

**City Recorder's Office**

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[www.lebanonoregon.gov](http://www.lebanonoregon.gov)

**APPLICATION FOR  
BOARD / COMMITTEE / COMMISSION****Applicant Information (Please type/print clearly):**

Name: Robert Waterhouse		Date: 1/25/24
Home Address: 412 E Ash St, Lebanon, OR 97355		
Mailing Address: 412 E Ash St, Lebanon, OR 97355		
Home Phone: [REDACTED]	Email Address: rrwaterho@gmail.com	Business Phone: 541-619-2125
Occupation: Small business owner	Employer: Corylus Farms	Emergency Contact Phone: [REDACTED]
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Email		
Please mark which one you are interested in serving on: <input type="checkbox"/> Ad Hoc Committee _____ (Print the Ad Hoc Committee Name) <input checked="" type="checkbox"/> Budget Committee (Must be Registered Voter) <input type="checkbox"/> Library Advisory Committee <input type="checkbox"/> Parks, Trees & Trails Advisory Committee <input type="checkbox"/> Planning Commission <input type="checkbox"/> Senior & Disabled Services Advisory Committee		
Are you applying for reappointment: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long did you serve in this capacity: ____ Year(s) ____ Month(s)		
Describe experience <b>related</b> to position applying for: As the Senior Scientist for Entek International, I was responsible for preparing budgets for the entire R&D group. As a small business owner, I prepare budgets for continuing operations at Corylus Farms.		
List current and/or previous involvement on any government boards/committees/commissions/councils: Lebanon Bicycle and Pedestrian Advisory Council Governor's Advisory Council on Transportation Electrification (State of Oregon)		
Explain why you are interested in serving in this capacity (attach additional sheet if needed): I am good with numbers and I would like to serve my city of Lebanon in this important role.		

Date: 1-25-2024

**FOR OFFICE USE ONLY**

DATE RECEIVED: ____/____/____	City Council Appointment Date: ____/____/____
DATE SENT TO:	Applicant Notification Date: ____/____/____
Director: ____/____/____ Mayor: ____/____/____	Term Start Date: ____/____/____
Applicant Appointed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Term End Date: ____/____/____

Print Form

Reset Form