



**City Recorder's Office**  
925 S. Main Street  
Lebanon, OR 97355  
(541) 258.4905  
[city.recorder@lebanonoregon.gov](mailto:city.recorder@lebanonoregon.gov)  
[www.lebanonoregon.gov](http://www.lebanonoregon.gov)

## APPLICATION FOR BOARD / COMMITTEE / COMMISSION

### Applicant Information (Please type/print clearly):

Name: Denice Lee		Date: April 26, 2024
Home Address: [REDACTED]		
Mailing Address: Same		
Home Phone: [REDACTED]	Email Address: [REDACTED]	Business Phone: [REDACTED]
Occupation: Retired librarian	Employer: n.a.	Emergency Contact Phone: [REDACTED]
Preferred method of contact: <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Phone <input 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 type="checkbox"/> Budget Committee (Must be Registered Voter) <input checked="" type="checkbox"/> Library Advisory Committee <input type="checkbox"/> Non-Election Council Vacancy <input type="checkbox"/> Planning Commission <input type="checkbox"/> Senior & Disabled Services Advisory Committee <input type="checkbox"/> Parks, Trees & Trails Advisory Committee		
Are you applying for reappointment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, how long did you serve in this capacity: <u>6</u> Year(s) <u>  </u> Month(s)		
Describe experience <b>related</b> to position applying for: I have served on the Library Advisory Committee for several years and wish to renew my appointment.		
List current and/or previous involvement on any government boards/committees/commissions/councils: Director, Lebanon Public Library Library/Senior Center Advisory Committee Library Advisory Committee		
Explain why you are interested in serving in this capacity (attach additional sheet if needed): I believe in education, reading and creating an environment in which people of all ages can be life long learners. I'm willing to work toward that end and I believe the library makes a significant contribution towards that goal.		

Applicant's Signature: [REDACTED]

Date: 4/26/2024

FOR OFFICE USE ONLY

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

Print Form

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