



**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: Tom Wells		Date: 05/01/2024
Home Address: [REDACTED]		
Mailing Address: Same		
Home Phone: [REDACTED]	Email Address: [REDACTED]	Business Phone:
Occupation: Retired	Employer:	Emergency Contact Phone:
Preferred method of contact: <input type="checkbox"/> Mail <input checked="" 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"/> 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>4</u> Year(s) <u>  </u> Month(s)		
Describe experience related to position applying for: Currently a member of this committee		
List current and/or previous involvement on any government boards/committees/commissions/councils: Linn County Expo Advisory Committee		
Explain why you are interested in serving in this capacity (attach additional sheet if needed): I am especially interested in how the current and upcoming deficits are going to be dealt with.		

Applicant's Signature: [REDACTED]

Date: 5/1/2024

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