

**City Recorder's Office**

925 S. Main Street

Lebanon, OR 97355

(541) 258.4905

city.recorder@lebanonoregon.govwww.lebanonoregon.gov**APPLICATION FOR
BOARD / COMMITTEE / COMMISSION****Applicant Information (Please type/print clearly):**

Name: <u>JEFFREY KING</u>		Date: <u>1-23-24</u>
Home Address: <u>260 GROVE ST LEBANON OR</u>		
Mailing Address: <u>SAME</u>		
Home Phone: [REDACTED]	Email Address: [REDACTED]	Business Phone: [REDACTED]
Occupation: <u>RETIRED</u>	Employer: [REDACTED]	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 type="checkbox"/> Non-Election Council Vacancy		
<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 related to position applying for: <u>- BUSINESS DEPT. - UNIVERSITY OF OREGON 1976</u> <u>- SCHOOL BOARD - LEBANON</u> <u>- FIRE BOARD - LEBANON</u> <u>- BUDGET COMMITTEE LEBANON SCHOOLS</u> <u>- BUDGET COMMITTEE - LEBANON FIRE DISTRICT</u>		
List current and/or previous involvement on any government boards/committees/commissions/councils: <u>PLANNING COMMISSION LEBANON</u> <u>LEBANON FIRE DISTRICT</u> <u>LEBANON FIRE DISTRICT PERSONNEL COMMITTEE</u> <u>LYNN BENTON MEDIATION SERVICES</u>		
Explain why you are interested in serving in this capacity (attach additional sheet if needed): <u>SERVING MY COMMUNITY</u>		

Applicant's Signature: [REDACTED]

Date: 1-23-24**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: ____/____/____