

CITY COUNCIL APPLICATION
CITY OF NORMAN

Please Print		
NAME (Last)	(First)	(Middle)
ADDRESS		
(Number/Street/Zip Code)	(Home Phone)	(Work/Cell Phone)
NUMBER OF YEARS RESIDED IN NORMAN		NUMBER OF YEARS RESIDED IN CURRENT WARD
E-MAIL ADDRESS		Have you voted in previous municipal elections?
MUNICIPAL/CIVIC ACTIVITIES		
EMPLOYER		OCCUPATION
BUSINESS ADDRESS		
(Number/Street)	(City/State)	(Zip Code) (Phone)

Additional Employment, experience or educational information you feel is relevant:

Explain why you are interested in serving as Councilmember (feel free to attach additional information if needed):

Explain whether you intend to run for the office for which you are applying at the next election and why:

Do you have any direct or indirect financial or economic interest in any business or other undertaking (whether for profit or non profit) coming before City Council? _____. If yes, please explain.

Note: The City of Norman Charter requires applicants be registered voters in the City of Norman for six months and reside in the Ward in which they seek office. All information submitted on this application is subject to the Open Records Act.

Return to: BRENDA HALL, CITY CLERK
201 WEST GRAY ST. POST OFFICE BOX 370
NORMAN, OKLAHOMA 73070
FAX: 405-366-5389 PHONE: 405-366-5386

Before signing this document, verify that the content you are signing is correct.

Signature

Date