CITY MANAGER'S OFFICE

3225 Main Street
Sweet Home, OR 97386
541-367-8969 541-367-1215 FAX
Jfisher@sweethomeor.gov

BOARD/COMMITTEE/COMMISSION APPLICATION

Applicant Information (Please type/print clearly):

Name: DAVID LOWMAN

Permanent Address: 2230 MAIN STREET, UNIT #1 SWEET HOME, OR 97386

Mailing Address: SAME - AS - ABOVE

Contact Phone Number: [redacted]

E-Mail Address: [redacted]

Preferred method of contact: [X] Mail [X] Phone [X] Email

Occupation: N/A Employer: N/A

Please mark the Board, Commission or Committee in which you are interested in serving:

- [ ] Budget Committee
- [X] Planning Commission
- [ ] Library Board
- [ ] Board of Appeals
- [ ] Park and Tree Committee
- [ ] Charter Review Committee
- [ ] All Hazard Mitigation Committee

Are you applying for reappointment [ ] Yes [X] No

If yes, how long have you served in this capacity: _____ Year(s) _____ Month(s)

1. How long have you lived in the area: 2 Year(s) 4 Month(s)

2. Please give a brief description of your experiences or training that you feel qualifies you for this particular position. OVER THIRTY YEARS OF MANAGEMENT EXPERIENCE,

3. List current involvement in other community groups and/or activities.
2020 BUDGET COMMITTEE, 2020 CHARTER REVIEW COMMITTEE

4. What special contribution do you feel you can make to the group/position you are applying for?
I WOULD ADD VALUE TO THE PLANNING COMMISSION I WOULD WORK TIRELESSLY ON ALL PROJECTS FOR THE BEST INTEREST OF

RESIDENCY:

The following applies for appointments that require residency and elector status:

I, DAVID LOWMAN ,certify that I currently reside within the corporate limits of the City of Sweet Home and am an eligible elector as defined by ORS 246.012(5). I further acknowledge that should either my residency or my eligibility as an elector change I will notify the City of Sweet Home immediately.

CRIMINAL HISTORY BACKGROUND CHECK (CCH):

A Criminal History Check (CCH) may be performed as part of the City of Sweet Home appointment process for City Boards, Committees, and Commissions. I acknowledge that a refusal to allow the CCH to be performed, when required, will cause my application to no longer be considered.

PUBLIC DISCLOSURE:

The City sometimes receives requests for contact information for members serving on City boards, commissions and committees. As an appointed public body volunteer serving the City of Sweet Home, the information provided on this application is considered public record.

My signature acknowledges that the information I have provided on the application is true and complete to the best of my knowledge and I understand that a CCH may be performed, when required, and that the information provided on this application is considered public record.

David Lowman
Signature

11/30/2020
Date of Signature