

WARD 3 CITY COUNCIL APPLICATION
CITY OF NORMAN

Please Print

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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 WARD 3?

E-MAIL ADDRESS

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 FOR WARD 3:

(Signature)

(Date)

Note: The City of Norman Charter requires applicants be registered voters in the City of Norman for six months and reside in Ward 3.

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