

WARD 5 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 5?

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 5:

(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 5. All information submitted on this application is subject to the Open Records Act.

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