

WARD 2 CITY COUNCIL APPLICATION
CITY OF NORMAN

Please Print

Wendorff NAME (Last) Jay (First) M (Middle)

ADDRESS 1024 Lincoln Green, 73072 (Number/Street/Zip Code) [Redacted] (Home Phone) same (Work/Cell Phone)

NUMBER OF YEARS RESIDED IN NORMAN 38 NUMBER OF YEARS RESIDED IN WARD 2? 32

E-MAIL ADDRESS jaywendorff@gmail.com Have you voted in previous municipal elections? Yes

MUNICIPAL/CIVIC ACTIVITIES [Redacted]

EMPLOYER Absentee Shawnee Tribe OCCUPATION Physical Therapist

BUSINESS ADDRESS 15951 Little Axe Dr., Norman, OK 73026 [Redacted] (Number/Street) (City/State) (Zip Code) (Phone)

ADDITIONAL EMPLOYMENT, EXPERIENCE OR EDUCATIONAL INFORMATION YOU FEEL IS RELEVANT:

Regional Therapy Supervisor for Encompass Home Health

EXPLAIN WHY YOU ARE INTERESTED IN SERVING AS COUNCILMEMBER FOR WARD 2: FEEL FREE TO ATTACH ADDITIONAL INFORMATION IF NEEDED.

I have lived in Norman, and Ward 2, for most of my life. My Mother was born and raised here with her 10 siblings, and my wife and I have 4 children all of which go to NPS. My extensive history with Norman is equal to my love for it, and my future is going to be with this city. I would like to see Norman secure its future with infrastructure, strengthen our economic and cultural positions in our region, and finish our quality of life projects with excellence. I want to contribute to this process as someone who would hear every voice and help pursue solutions without partisan agenda.

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? No If yes, please explain.

FILED IN THE OFFICE OF THE CITY CLERK ON 4-22-21

Note: The City of Norman Charter requires applicants be registered voters in the City of Norman for six months and reside in Ward 2. 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

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

Signature [Signature] Date 4/19/21