



For Office Use Only: Appointment Date: _____ End of Term: _____
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CITY OF SHERIDAN

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www.cityofsheridanor.com

Budget Committee Application

Name:

Residential Address (Street):

Mailing Address (if different):

Email Address:

Primary Contact Phone #:

Secondary Contact Phone #:

How long have you lived in the City of Sheridan?

Are you a Sheridan registered voter? *yes* *no*

Please tell us about your occupational background (current & past 10 years).

Please list your volunteer experience with the City or other government or non-profit organizations.

Please list business or professional organizations to which you belong.

Please tell us why you are interested in serving on the Budget Committee.

Signature
Rev. January 12, 2022

Date