CITY OF UNION GAP APPLICATION TO FILL VACANCY ON CITY COUNCIL

Name:		Telephone:	
Add	dress:		
	ail:		
To s	 serve as a City Council member you must r You are a registered voter of the Cit You are, and have been a resident of appointment or election. 		
Plea	ase answer the following questions (additio	nal information can be attached):	
1.	Date you became a resident in the City	of Union Gap:	
2.	Date you became a registered voter in the City of Union Gap:		
3.	When was the last City of Union Gap election that you voted at:		
4.	Biographical Sketch of Applicant:		
5.	Community activities you participate in	n, or have participated in:	
6.	Describe how you can contribute to the	Union Gap City Council:	
App	plications must be returned to the City Hall plicant must be available for an interview w 2024 at 6:00 p.m. The City Council reserve	ith the City Council on Monday, December	
Signature of Applicant		Date	