

CITY OF FLORENCE  
BUDGET COMMITTEE

*Application Form*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

1. \_\_\_\_\_ Number of year(s) you have lived in the Florence Area?
2. \_\_\_\_\_ Is your home within the city limits of Florence?\*
3. \_\_\_\_\_ Would you be able to attend at least one meeting per month?
4. \_\_\_\_\_ Are you aware members may have to devote considerable time for study and analysis of budgetary issues?
5. \_\_\_\_\_ Can you see any potential conflicts of interest, either personal or financial that would prevent you from making impartial decisions?
6. What is your occupation/position? (If retired what was your occupation /position?)
7. Please give a brief statement explaining why you desire to be a member of the Budget Committee. **(Please continue on the back if necessary)**

\* All members of the Budget Committee shall reside within the City limits and be a qualified voter. Please contact City Recorder Kelli Weese at 541-997-3437 or via email at [kelli.weese@ci.florence.or.us](mailto:kelli.weese@ci.florence.or.us) for clarification on the residency requirements of this or other City Committees.

