

City of Florence Transportation Committee Application

City Hall ~ 250 Hwy 101, Florence, OR 97439 (541) 997-3437 – www.ci.florence.or.us

Name:								
Physical Address:			In City			imits?	Yes	No
Mailing Address:			City, State, Zip:		1		I	
Phone:			Email:					
				<u>I</u>				
Number of Year(s) you have lived in the Florence Area			Would you be able to attend at least one meeting per month?			Ye	Yes No	
Are you able to devote time for study and analysis of Committee Items?		Yes No	Can you see any poter interest, either persor would prevent you frodecisions?					
Please check any and all of the interests on the committee of which you feel you would represent:		☐ Traffic & Vehicular Safety ☐ Bike & Pedestrian Infrastructure ☐ Public and/or Private Transit ☐ Air and/or Rail Transportation ☐ Opportunities						
What is your occupation / position? (If retired, what was your occupation / position)								
	_	· ·	ning why you desire to					
Signature:			Date:					