

**City of Garibaldi**  
**Application for Committee Appointment**

To: The City of Garibaldi

I, \_\_\_\_\_ hereby apply for appointment to serve on the following:

City Council

Budget Committee

Planning Commission

Garibaldi Urban Renewal Agency

What is your interest in applying for this position?

What experience or qualifications do you have for this position?

How much time could you give to serving on this committee?

Weekly

Monthly

Quarterly

Full Name: (print)

Date:

Address:

Mailing Address:

Occupation

Phone:

Email:

Return to: City of Garibaldi 107 6th St./P.O. Box 708 Garibaldi, OR 97118