

**CHARTER REVIEW COMMITTEE APPLICATION  
CLATSOP COUNTY**

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

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

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
( work  cell phone)

Current Occupation: \_\_\_\_\_

Years Resident of County: \_\_\_\_\_

Do you live within the city limits:  Yes  No

Background (Relevant education, training, experience, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete other side 

1. Why are you interested in serving on the Clatsop County Charter Review Committee?

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2. Do you have any concerns with the current charter/are there specific portions of the current charter that should be reviewed?

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3. Do you have any experience with local/county government?

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4. What expectations do you have for the Charter Review process?

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5. Can you commit to one or two meetings a month for approximately six months?

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\_\_\_\_\_  
Signature

**Return Form To: County Manager's Office  
800 Exchange St., Ste. 410  
Astoria, OR 97103  
Fax: 503-325-8325**