

COMMITTEE, BOARD OR COMMISSION APPLICATION
CLATSOP COUNTY

Date: _____

Name

Mailing Address

City

Street Address: _____ Email: _____

Home Telephone: _____ Other Telephone: _____
(work cell phone)

Current Occupation: _____

Years Resident of County: _____

Do you live within the city limits: Yes No

In which Commission District do you reside: 1 2 3 4 5

Committee, Board of Commission Applied for:

1. _____

2. _____

3. _____

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

Please complete other side 

Describe your interest in serving on this Board, Committee or Commission:

Signature

Return Form To: County Manager's Office
800 Exchange St., Ste. 410
Astoria, OR 97103
Fax: 325-8325
email: commissioners@co.clatsop.or.us