



**APPLICATION FOR CITY BOARDS, COMMITTEES, AND  
AUTHORITIES**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

List other Civic Organizations that you are affiliated with, or member of (any City of Douglas affiliated organization previously or currently serving on): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Short Statement (50 words or less) on “Why I want to serve on this Board, Authority or committee for the city of Douglas? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Designate the name of the Board, Authority or Committee you desire to serve on. \_\_\_\_\_  
\_\_\_\_\_

**Applications should be turned in to the City Clerk’s Office or City Manager’s office.**