

## PRESS RELEASE

### CITY OF MILTON-FREEWATER CITY COUNCIL VACANCY

The City Council of the City of Milton-Freewater is accepting applications to fill a vacancy for a Ward 3 City Council position.

Candidates for the seat in question must be residents of Ward 3 for at least six months and be registered to vote. The vacancy has been created by the resignation of Jeff Anliker. Ward 3 boundaries lay approximately to the city's southwestern boundary. The term for this seat expires December 31, 2020.

In order to be considered for the appointment, candidates must complete an application by 11:00 a.m. on Monday, May 14, 2018.

To apply, or for further information please contact City Recorder Leanne Steadman at City Hall, P.O. Box 6, Milton-Freewater or by calling 938-8233. Applications are also available on the City website at [www.mfcity.com](http://www.mfcity.com)



# City of Milton-Freewater

## Declaration of Interest

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

I wish to be of service to our city and request your consideration for appointment to the City Council.

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

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

PHONE: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

EMPLOYER / OCCUPATION \_\_\_\_\_

Are you a resident of the City of Milton-Freewater? \_\_\_\_\_

Length of residence in the City of Milton-Freewater? \_\_\_\_\_

Are you a registered voter of the City of Milton-Freewater? \_\_\_\_\_

What community activities have you participated in during the past five years? (use extra pages if necessary)

---

---

---

---

Are you serving, or have you served, on any citizen boards or commissions? (If yes, please list the names of the organizations and your length of service. Use extra pages if necessary)

Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Organization \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Please provide a brief background sketch including job experience, education, skills, hobbies and special areas of interest.

---

---

---

---

What problems, issues or concerns do you see facing the City and how would you propose they be addressed?

---

---

---

---

What special skills, knowledge or experience do you have to contribute to the City Council?

---

---

---

---

What limitations, if any, are placed on the time you would be available for City Council meetings and other activities? How much time are you able to devote to the duties of the City Council?

---

---

---

---

Please list two residents of Umatilla County you wish to use as a personal reference that can provide us with information pertinent to your application:

Name	Address	Telephone

*I understand that, pursuant to City Code Title 8, Chapter 14, the City of Milton-Freewater may conduct a criminal check through the Oregon State Police Law Enforcement Data System and I hereby give my authorization to do so.*

Oregon Drivers license Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Please return completed application to Leanne Steadman, City Recorder, City Hall, 722 South Main, P.O. Box 6, Milton-Freewater, OR 97862 by **11:00 a.m. on Monday, May 14, 2018.**