



## Application for Appointment to Woodcreek City Council

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Number of Years Living in Texas: \_\_\_\_\_ Number of Years Living in Woodcreek: \_\_\_\_\_

Do you want your phone number(s)/email released in a Public Information Request? ☐ Yes ☐ No

Do you or your employer have any business or other dealings with the City of Woodcreek which may present a conflict of interest? ☐ Yes ☐ No If "Yes", please explain:

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Describe any qualifications, credentials or special interests that relate to your possible appointment.

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Signature: \_\_\_\_\_

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