



## CITY OF COOS BAY

500 Central Avenue  
Coos Bay, OR 97420

### APPLICANT INFORMATION

#### Name of Applicant

\_\_\_\_\_  
First MI Last Suffix Title

#### Applicant Residence Address

\_\_\_\_\_  
Street Address City State Zip County

\_\_\_\_\_  
How Long at Current Address

Registered Voter: Yes ☐ No ☐

If you have lived in your current address for less than one year, please provide your previous address.

\_\_\_\_\_  
Street Address City State Zip County

#### Applicant Mailing Address

\_\_\_\_\_  
Street Address or PO Box City State Zip

#### Contact Information

\_\_\_\_\_  
Work Phone Home Phone Cell Phone Fax Number

\_\_\_\_\_  
Email address