



**CITY OF COOS BAY**  
City Manager's Office  
500 Central Avenue, Coos Bay, Oregon 97420  
Phone 541-269-8912

## COMMITTEE APPLICATION

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Committee(s) applying for: \_\_\_\_\_

1. Identify your experience, education, and training which would benefit the committee and the community.

2. Do you live in the City of Coos Bay? \_\_\_\_\_

3. How long have you lived in Coos Bay? \_\_\_\_\_

4. Do you own property in Coos Bay? \_\_\_\_\_

5. List the nature and extent of your past and present community involvement.

6. List two references we may contact; include name, title, affiliation, address and phone.

\_\_\_\_\_  
Name (please type or print)

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Home Address [mailing and street address]

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date