



APPLICATION FOR COUNCILMEMBER – DISTRICT 4

APPLICATION DEADLINE: 5:00 p.m. on December 18, 2020
(late applications will not be accepted/considered)

*PLEASE TYPE OR USE BLACK INK. ATTACHMENTS TO APPLICATION MUST BE LIMITED TO TWO PAGES.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR APPOINTMENT.*

Return completed application:

In person:
City Clerk's Office
300 LaPorte Avenue

Mail:
City Clerk's Office
PO Box 580
Fort Collins, CO 80522

Email:
cityclerk@fcgov.com

Eligibility Requirements: *United States citizen*
 Registered voter in the city for one year immediately prior to appointment
 At least 21 years of age
 A resident of Council District 4
 Never convicted of a felony

If you have questions or need more information, contact the City Clerk's Office at 970.221.6515

NAME: _____

RESIDENCE ADDRESS: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ MOBILE: _____

EMAIL: _____

ARE YOU 21 YEARS OF AGE OR OLDER? Yes No

HAVE YOU BEEN A REGISTERED VOTER IN FORT COLLINS FOR AT LEAST A YEAR? Yes No

DO YOU RESIDE IN DISTRICT 4? Yes No

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

CURRENT OCCUPATION/EMPLOYER:

RECENT AND/OR RELEVANT EXPERIENCE (Work, Volunteer, Community, Personal or Other; please include dates):

COMMUNITY ACTIVITIES/VOLUNTEER EXPERIENCE (PLEASE INCLUDE DATES):

HOW WOULD YOU DESCRIBE THE VISION OF THE CITY OF FORT COLLINS?

BRIEFLY EXPLAIN WHAT YOU BELIEVE ARE THE THREE MOST IMPORTANT ISSUES FACING THE FORT COLLINS COMMUNITY AT THIS TIME, AND HOW YOU BELIEVE THE CITY COUNCIL CAN PLAY A ROLE IN ADDRESSING EACH.

1.

2.

3.

SPECIAL QUALIFICATIONS APPLICABLE TO CITY COUNCIL:

WHY DO YOU WANT TO SERVE ON CITY COUNCIL?

PLEASE SPECIFY ANY ACTIVITIES THAT MIGHT CREATE A SERIOUS CONFLICT OF INTEREST IF YOU SHOULD BE APPOINTED TO THE CITY COUNCIL:

OTHER COMMENTS:

By signing and submitting my application to the City of Fort Collins, I swear or affirm under penalty of perjury pursuant to the laws of the *State of Colorado*:

- *that I meet the eligibility requirements of the position sought and*
- *that the information provided in this application is true and correct to the best of my knowledge.*

Signature: _____

Date_____