



APPLICATION FOR APPOINTMENT
CITY COUNCIL

Date: _____

Name of applicant: _____

Home address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

Email address: _____

Are you a registered voter in Ogle County? **YES** **NO**

Do you reside within the City limits of Rochelle? **YES** **NO**

Have you ever been convicted of a felony? **YES** **NO**

Are you related to an elected official? **YES** **NO**

If you wish to make written comments or provide a statement of interest and /or qualifications, please use other side.

I understand this application must be returned to the Mayor's Office or City Clerk's Office, City Hall, on or before _____. The above information is true and correct to the best of my knowledge.

Signature of Applicant