



APPLICATION FOR CITY COUNCIL

Please return application to the City Offices at 331 South Church Street or submit via email to hr@newcarlisleohio.gov

I. Resident Qualifier Information

Name: _____

Address: _____, New Carlisle, Ohio 45344

Cell Phone: _____ Home Phone: _____

Are you a resident of New Carlisle? **Yes** ☐ **No** ☐

Are you qualified to be a registered voter in New Carlisle? **Yes** ☐ **No** ☐

II. Additional Resident Information

Are you currently, or in the past, served on any other community boards, councils, or committees?

Yes ☐ **No** ☐

If yes, please list: _____

Have you been involved in any community activities or events?

Yes ☐ **No** ☐

If yes, please list: _____

Why do you want to serve on City Council?

Include any experience, traits or skills which may contribute to the Council and the greater good of the City.

If you need additional space, please use the back of this page or submit an additional sheet that has your name on it