

## **Application for Vacant Seat – Town Council**

Term will expire December 31, 2025

APPLICANT INFORMATION:				
Name:				
Address:				
	Street	City	State	Zip code
Telephone Number:				
QUALIFICATIONS:				
I certify that I meet the following qualifica	ations:			
<ol> <li>You are a registered voter.</li> <li>You are a resident within the municipality of</li> <li>You maintain a principal place of residence withe term of office.</li> <li>You are mentally competent. Not convicted of franchise, unless your right to hold elective of</li> </ol>	vithin Rocky Ridg of a felony, conv office has been re	ge Town and will main icted of treason or a cestored.	tain this resi	dence during
CERTIFICATION OF APPLICANT:				
PLEASE READ THE FOLLOWING PARAGRAPH CAR	REFULLY BEFOR	E SIGNING:		
I certify that all statements made in this application a of material fact in this document or during the interv		•	-	epresentation
I understand that information provided on this application the information contained herein.	cation is a public	record. I authorize Ro	ocky Ridge To	own to release
Applicants signature			 Date	

\*\*\*All applicants must submit, with the application, a brief written statement explaining why they are interested in serving on the Town Council, what you have to offer as a Town Council Member and any other prior involvement in Town/City or Community organizations or activities.