



NAME: _____

ADDRESS: _____ ZIPCODE: _____

WESTMINSTER RESIDENT SINCE (MM/YY): _____ PHONE: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

EDUCATION: _____

Reason for your interest in serving on City Council? _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

[illegible]

What is the most important issue facing Westminster and how will you address it?

[illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

What is your perspective on the City's Strategic Plan?

[illegible]

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What previous work experience, civic activity or other volunteer service would you bring to this position?

[illegible]

[illegible]

How would you approach a decision on a matter that involves strong feelings by citizens both in favor and in opposition to an issue before Council?

[illegible]

Service on City Council requires a significant time commitment. Are you able to devote time away from your personal and professional interests to fulfill this commitment? _____ (Yes/No)

SIGNATURE: _____ DATE: _____

AFFIDAVIT OF STATUS

AND RELEASE

I, _____, hereby swear or affirm:

CHECK ALL THAT APPLY:

____ (A) that I have not been convicted of a felony under the laws of the State of Colorado or in another jurisdiction, or

____ (B) that I have been convicted of the felonies described below:

____ (C) that I am not in default to the City of any other governmental unit.

And the facts contained within this statement are true and correct.

I further authorize the City of Westminster to conduct a criminal background investigation using an independent third party, with the understanding that the City is a public entity subject to the Colorado Open Records Act and the criminal background information obtained may have to be disclosed upon request.

Date of Birth: _____ SSN: _____

Driver's License Number: _____ State of D/L Issue: _____

(Residential Address)

(Signature)