

CITY OF FARMINGTON
City Council Vacancy
Statement of Interest Application

Please Print
Name:

(Last) (First) (Middle)
Address:

(Number/Street)

(Home Phone) (Cell/Work Phone)

Number of years resided in Farmington _____

Occupation: _____

Employer: _____

Business
Address: _____
(Number/Street) (City/State) (Zip Code)

Additional information:
Indicate why you would like to be considered for appointment to this City Council position and explain why you are interested in service (please attach additional sheets if necessary).

(Signature) (Date)

Return To: City Business Manager, P.O. Box 150, Farmington, AR 72730