CITY OF PRESCOTT APPLICATION FOR COUNCIL VACANCY

Questions may be directed to Sarah Siep, Prescott City Clerk, at 928-777-1437 or sarah.siep@prescott-az.gov. Applications must be received in the City Clerk's Office at 201 N Montezuma St. Suite 302, Prescott, Arizona, by **5:00 p.m. on Wednesday, April 23, 2025.**

NAME	DATE
RESIDENT ADDRESS	CITY/ZIP
MAILING ADDRESS	CITY/ZIP
PHONE (RESIDENCE)	PHONE (CELL)
EMPLOYER	PHONE (BUSINESS)
IF RETIRED, FORMER EMPLOYER	E-MAIL ADDRESS
HAVE YOU BEEN A REGISTERED VOTER IN THE CITY OF PRESCOTT IYESNO HOW LONG HAVE YOU RESIDED IN PRESCOTT?	FOR AT LEAST THREE YEARS?
HAVE YOU EVER BEEN CONVICTED, RECEIVED DEFERRED ADJUDIC CONTENDERE FOR ANY FELONY OR CLASS 1 MISDEMEANOR OFFEN	ATION, OR ENTERED A GUILTY PLEA OR NOLO SE?YESNO
NOTE: A "YES" ANSWER WILL NOT AUTOMATICALLY DISQUAPLEASE EXPLAIN. INCLUDE DATE, PLACES, AND NATURE OF	ALIFY YOU FROM APPOINTMENT. IF YES, OFFENSES.
ARE YOU PRESENTLY UNDER INDICTMENT OF ANY FELONY O	R CLASS 1 MISDEMEANOR OFFENSE?
YESNO IF YES, PLEASE EXPLAIN. INCLUDE DATES, PLACES, AND NATURE O INCLUDE INFORMATION FOR ANY CHARGES THAT HAVE BEEN DISM	F OFFENSES. DO NOT MISSED OR ARE NO LONGER PENDING.
BRIEFLY STATE YOUR REASONS AND DESIRE FOR WANTING TO SE SPECIAL INTERESTS, ABILITIES, SKILLS OR CONTACTS THAT COULD	RVE ON THE CITY COUNCIL. PLEASE INCLUDE DENEFIT THE CITY COUNCIL.

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WHAT CIVIC AND/OR PROFESSIONAL ORGANIZATIONS ARE YOU PRESENTLY INVOLVED WITH?	
	
	
LIST YOUR PREVIOUS EXPERIENCE ON A CITY/TOWN COUNCIL OR ADVISORY GROUP/BOARD/COM	MISSION/
COMMITTEE IN PRESCOTT OR ELSEWHERE.	
	
DESCRIPE VOLUM LANDERCHANDING OF THE FUNCTION AND RUMPOSE OF THE CITY COUNCIL	
DESCRIBE YOUR UNDERSTANDING OF THE FUNCTION AND PURPOSE OF THE CITY COUNCIL.	
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STATE YOUR UNDERSTANDING OF THE CITY BUDGET AND THE BUDGET PROCESS.	
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WHAT IS YOUR VISION FOR THE CITY OF PRESCOTT OVER THE NEXT 10 YEARS?	
	
	
	
	
DATE SIGNATURE	