APPLICATION FOR MID-TERM VACANCY
IN THE FARR WEST CITY COUNCIL OFFICE

Date: _____

Name: _____

Address: _____
_____

Phone Number: _____ Email: _____

Please briefly explain why you feel you are qualified and capable of filling the responsibilities of the City Council of Farr West City.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Please verify that you meet the qualifications to be considered:

1. Must be a United States citizen, at least 18 years of age at the time of appointment.
2. Must be a registered voter of Farr West City;
3. Must have resided in Farr West City for previous 12 months, and
4. May not be a convicted felon, unless the right to hold elective office has been restored.

_____
Signature of applicant