



CITY OF BRISTOL, VIRGINIA
APPLICATION FOR APPOINTMENT TO CITY COUNCIL VACANCY

TO: COUNCIL OF THE CITY OF BRISTOL, VA

DATE: _____

Name: _____

Employer: _____

Home Address: _____

Employer Address: _____

Zip Code: _____

City & State: _____

Home/Cell Telephone: _____

Business Telephone: _____

E-mail: _____

Business E-mail: _____

Length of Residence in Bristol: _____

Registered Voter (Y/N): _____

Name of School/College/University	Major/Course of Study	Completed Diploma or Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current/Previous Employers	Title	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Civic Participation, Interests & Activities: _____

Reasons for Seeking Appointment to City Council: _____

PLEASE FEEL FREE TO ATTACH ADDITIONAL INFORMATION.

Signed: _____ **Date:** _____