



BOARDS/COMMISSIONS/COMMITTEES  
CITY OF NORMAN

Please Print

NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(Number/Street/Zip Code) (Home Phone) (Work/Cell Phone)

NUMBER OF YEARS RESIDED IN NORMAN ARE YOU A RESIDENT OF NORMAN?

E-MAIL ADDRESS \_\_\_\_\_

CIVIC ACTIVITIES \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code) (Phone)

ADDITIONAL EMPLOYMENT OR EDUCATIONAL INFORMATION THAT WOULD BE APPLICABLE TO THE PARTICULAR BOARD OR COMMISSION:

LIST BOARDS/COMMISSIONS/COMMITTEES/TASK FORCES ON WHICH YOU DESIRE APPOINTMENT AND EXPLAIN WHY YOU ARE INTERESTED IN SERVICE:

DO YOU HAVE ANY DIRECT OR INDIRECT FINANCIAL OR ECONOMIC INTEREST IN ANY BUSINESS OR OTHER UNDERTAKING (whether or not for profit) THAT MAY HAVE BUSINESS COMING BEFORE THE BOARD OR COMMISSION FOR WHICH YOU HAVE APPLIED? No  Yes

IF YES, PLEASE DESCRIBE THAT INTEREST IN THE SPACE IMMEDIATELY BELOW (if you need additional space, please attach additional sheets, as necessary)

**Note: The City of Norman Charter requires those members serving on the Norman Regional Hospital Authority, Parks Board, and Reapportionment Commission be registered voters of the City of Norman.**

*I recognize the City of Norman has an Ethics Policy for appointed members of all City Board, Commissions, and Committees and I agree to conduct myself in conformance with said policy.*

Return To: CITY CLERK  
POST OFFICE BOX 370  
NORMAN, OKLAHOMA 73070  
FAX 405-366-5389