



Camp Verde, Arizona

LETTER OF INTEREST

Name:		Date:		
Home Address:				
Mailing Address, if different:				
Email Address:				
Home Telephone:		Work Telephone:		
Are you a resident of the Town of Camp Verde? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you own commercial property in the Town of Camp Verde? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Length of residency in the Town of Camp Verde:		Do you operate a business in Camp Verde? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and address of business (if applicable):				
If you are not in business in The Town of Camp Verde, please list your occupation; or if retired, please indicate your former occupation or profession:				
Are you now serving, or have you ever served, on a Town of Camp Verde board or commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list names of board/commission and dates served:				
Board & Commission preference (s): Refer to the last page for a list of Boards & Commissions. List your choices in order of preference:				
1. TOWN COUNCIL		3.		
2.		4.		
Education and Community Service				
Schools Attended:		Degree:	Year:	
Civic Activities-Service Organizations		Office Held:	Year Begun: Year Ended:	
Please state why you would like to be appointed to a Town Board, Commission, or Committee: _____				
Have you ever been charged and convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain.				
What do you believe is the key responsibility of Board, Commission or Committee member to: (a) The Town Council, (b) The citizens of Camp Verde (c) other Board, Commission or Committee members?				
(a)				
(b)				
(c)				

Please state the reasons why you feel you are qualified to serve on a Board, Commission or Committee: _____

Applications are kept on file for two years. During that time, your application will be considered when there is an opening for the Board or Commission for which you have applied. As a candidate to a Board, Commission or Committee, your name, address and telephone number will be available to the media and public.

Please notify the Clerk's Office at (928) 567-6631, extension 105 if you move or no longer wish to be considered for appointment.

If you have a current resume and/or certificate that may be applicable to your Board, Commission or Committee interest, please attach a copy to this application.

Mail or deliver your completed application to: Town of Camp Verde, Attn: Clerk's Office, 473 S. Main Street, Camp Verde, AZ 86322.

If appointed to a Board/Commission/Committee, I understand that Members of boards or commissions may be removed for cause including excessive lack of attendance, absences of three consecutive meetings or more than half of all scheduled meetings in any municipal year, or improper conduct as determined by the Mayor and Council.

Applicant's Signature: _____ Date: _____

	Date:
Date Contacted & Invited to Appear before Council:	
Staff Contacting Individual	
Date Appointed by Council	
Board or Commission appointed to:	



STATE OF ARIZONA
NONPARTISAN
 NOMINATION PAPER
 AFFIDAVIT OF QUALIFICATION
 CAMPAIGN FINANCE LAWS STATEMENT
 [A.R.S. §§ 16-311, 16-905(K)(5)]

FOR OFFICE USE ONLY

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of
 CAMP VERDE TOWN COUNCIL ~~at the General Election to be held on~~

I will have been a citizen of the United States for _____ years next preceding my election and will have been a citizen of Arizona for _____ years next preceding my election and will meet the age requirement for the office I seek and have resided in _____ County for _____ years and in the precinct _____ for _____ years before my election.

I do solemnly swear (or affirm) that, at the time of filing, I am a resident of the county, district or precinct which I propose to represent, and as to all other qualifications, I will be qualified at the time of election to hold the office that I seek, having fulfilled the constitutional and statutory requirements for holding said office.

Residence Address _____
 (number and street) (city or town) (zip)

Post Office Address _____
 (city or town) (zip)

Print or type your name on the following line in the exact manner you wish it to appear on the ballot. A.R.S. § 16-311.G.

LAST NAME FIRST NAME

 CANDIDATE SIGNATURE

Subscribed AND SWORN to (or affirmed) before me this _____ day of _____, 20____.

 Notary Public

(Seal)
 I have read all applicable laws relating to campaign financing and reporting.

 CANDIDATE SIGNATURE