



CITY OF TULELAKE

591 Main Street
P. O. Box 847, Tulelake, CA 96134
Phone 530-667-5522 - FAX 530-667-5351
cityoftulelake@cot.net



THANK YOU FOR YOUR WILLINGNESS TO SERVE

City of Tulelake Council Application

Name _____

Address _____

Phone: _____ Email: _____

Years Tulelake Resident: _____

Are you a registered voter in the City of Tulelake? _____ Yes _____ No

Occupation: _____

Education: _____

Previous Government / Non-Profit Experience

Getting to Know You

What do you believe the role of local government should be?

What do you believe your role as a City Council member would be?

What do you think are the most important issues facing Tulelake in the next two years?
Five years?

What are your thoughts on how Tulelake should approach growth?

What are your thoughts on regional collaboration and partnership?

Please list the reasons for your interest in this position.

Please Rank the Following Disciplines of Tulelake Government from 1-9 in Order of Importance to You (1 = Most Important, 9 = Least)

- | | |
|---|--------------------------------|
| _____ Public Safety | _____ Street Maintenance |
| _____ Financially Sustainable Growth | _____ Environmental Protection |
| _____ Parks | _____ Financial Stewardship |
| _____ Water & Sewer Services | _____ Traffic Safety |
| _____ Quality of Life (Library, Recreation, Shopping, Dining) | |

Other disciplines not listed above _____

Describe Your Decision-Making Style By Checking All That Apply:

Collaborative, Team Oriented Individualized
 Fact-based, Thoughtful Analysis Debate-based

What is ONE WORD that describes what you will add or offer to the City Council that will distinguish you from other candidates?

Signature

Date

Printed Name