



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