



**CITY OF ENID  
ADVISORY COMMISSION APPLICATION FORM**

**NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **BUSINESS PHONE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**COMMISSION WARD** \_\_\_\_\_

**ADVISORY COMMISSION PREFERENCE(S):**

\_\_\_\_\_  
\_\_\_\_\_

**RESIDENCE HISTORY:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CIVIC, COMMUNITY ACTIVITIES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PRIOR ADVISORY COMMISSION EXPERIENCE AND LENGTH OF SERVICE:** \_\_\_\_\_

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**REASONS FOR WANTING TO SERVE ON ABOVE COMMISSION(S):** \_\_\_\_\_

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**REFERENCES:**

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**OTHER COMMENTS:** \_\_\_\_\_

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**RESUME ATTACHED: (YES)** \_\_\_\_\_ **(NO)** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Return application to:

City Clerk

401 W. Owen K. Garriott Road

Enid, OK 73701

[alack@enid.org](mailto:alack@enid.org)

FAX: 580-242-7760

or:

PO Box 1768

Enid, OK 73702