



Devils Lake Water Improvement District

Post Office Box 974 • Lincoln City, Oregon 97367
(541) 994-5330 • FAX (541) 994-6040
www.DLWID.org

Budget Committee Member APPLICATION

I, _____, respectfully request to be considered as an applicant for a vacant position on the Devils Lake Water Improvement District's Budget Committee. *Terms are for three years.*

This committee's primary responsibility is to review and, as deemed by the committee, make changes to the Budget Officer's proposed budget. Finally, the Budget Committee recommends the budget to the governing body (the Board of Directors) for approval. Typically this is done in one meeting in May, but this may be extended to include additional meetings. In order for the Budget Committee members to stay current on the finances of the District, the committee members receive monthly financial statements via email.

Name: _____

Address: _____

Phone: (H) _____ (W) _____
(Cell) _____

Email: _____

Budget Committee Members must be electors of the District. Please answer the following questions to help determine your eligibility:

Do you live in the District? YES or NO
Are you registered to vote in Lincoln County? YES or NO

*Applications must be signed. A space is provided on the back along with an opportunity to share additional information, if desired.

-over-



Devils Lake Water Improvement District

Optional information: (Feel free to supplement with a resume or other documents)

Occupation: _____

Professional History: _____

Education: _____

Do you have governmental experience? _____ Please specify: _____

Have you served on a budget committee before? _____ Please specify: _____

Do you have experience with other committees or boards? _____ Please specify: _____

Please consider providing a brief outline of your additional experience which may assist the Board of Directors in a making a decision to fill this vacancy:

Signed: _____ **Dated:** _____