

**TO THE MAYOR AND COUNCIL OF THE CITY OF PORT ARANSAS, TEXAS
AND THE CHAIRMAN OF THE BOARD, COMMITTEE OR COMMISSION:**

I, _____ hereby request that my name be placed on the candidates' list for the selection of appointees to the _____ of said city, and I hereby certify that I am eligible to hold such office under the constitution and laws of this state and the City Charter of the City of Port Aransas, Texas.

APPLICATION

NAME _____

ADDRESS _____

STREET ADDRESS _____ TELEPHONE (BUS.) _____

PORT ARANSAS, TEXAS 78373 TELEPHONE (RES.) _____

OCCUPATION _____

AGE _____ (OPTIONAL)

CITIZENSHIP _____

LENGTH OF RESIDENCE IN COUNTY _____ CITY _____

LENGTH OF RESIDENCE IN STATE _____

REAL PROPERTY OWNER WITHIN THE CITY OF PORT ARANSAS: YES _____ NO _____

QUALIFIED REGISTERED VOTER WITHIN THE CITY OF PORT ARANSAS: YES _____ NO _____

VOTER REGISTRATION NUMBER: _____

I would like to serve on the _____ for the following reasons:

I hereby declare and affirm that to the best of my knowledge and belief all statements and answers as written or printed herein are full, complete and true.

Applicant's Signature

SWORN TO AND SUBSCRIBED before me at Port Aransas, Texas, this _____ day of _____, A.D. 20____.

(Seal)

Notary in and for the State of Texas

My Commission Expires: _____