



City of Frost
Cityoffrost1930@cityoffrost.org
PO Box X
100 N. Garrity
Frost, TX 76641
903-682-3861
cityoffrost.municipalimpact.com

City of Frost – Application for City Council Vacancy

Thank you for your interest in serving the City of Frost. Please complete the form below to be considered for the open City Council seat.

♦ Applicant Information

- **Full Name:** _____
- **Home Address:** _____
City: _____ State: _____ ZIP: _____
- **Phone Number:** _____
- **Email Address:** _____
- **Length of Residency in Frost:** _____
- **Are you a registered voter in the City of Frost?**
☐ Yes ☐ No

♦ Professional / Civic Background

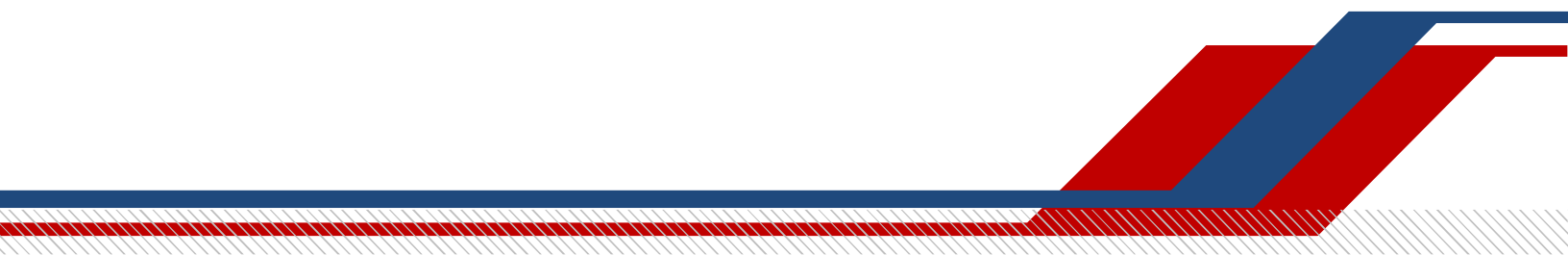
1. Current Occupation & Employer:

2. Brief Summary of Education or Training:

3. Have you served on any boards, committees, or volunteered in the community?

☐ Yes ☐ No

If yes, please explain:





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♦ **Questions for Consideration**

1. **Why are you interested in serving on the Frost City Council?**

2. **What strengths, experiences, or perspectives would you bring to the Council?**

3. **What do you see as the most important issues facing Frost right now?**

4. **Are you available to attend regular Council meetings (1st Monday of each month) and occasional workshops or special meetings?**

☐ Yes ☐ No ☐ Maybe (please explain): _____

♦ **Optional Attachments**

You may attach a resume, letter of interest, or any additional materials you feel are relevant.

♦ **Signature**

By signing below, I affirm that the information provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____