



| FOR OFFICE USE ONLY | | | | |
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| Date Received | Time | Registered to Vote in Halifax Co | District | Date Appointed |
| | | | | |

Application for Appointment to City Council - District 2

Name: _____

Address: _____

Phone number: (Home) _____ (Work) _____ (Cell) _____

Current Employer _____

Job Title: _____ Years in Current Position _____

E-mail Address: _____ Fax _____

Duties _____

Other associated employment history _____

Do you reside within the city limits of Roanoke Rapids? Yes _____ No _____ Length of Residency _____

Are you registered to vote in Halifax County? Yes _____ No _____

Which Roanoke Rapids Council District do you reside in? _____ 1 _____ 2 _____ 3

Why do you want to serve on Council? _____

Why do you think you would be an asset to this Council? _____

Are you presently serving on a Board/Commission/Committee for Roanoke Rapids? If so, please list.

Interests/ Skills/ Areas of Expertise: _____

Comments: _____

Affirmation of Eligibility

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? Yes _____ No _____ If yes, please explain disposition: _____

Are there any conflict of interest or other matter(s) that would create problems or prevent you from fairly and impartially discharging your duties as a member of the City Council? Yes _____ No _____
If yes, please explain _____

Are you currently serving on any Board /Commission/Committee or similar group in another municipality or County? Yes _____ No _____

Local Government _____ Board/Commission/Committee _____

Date Appointed _____ Term Expiration _____

Do you have any prior experience with a Local Government or a public agency? Yes _____ No _____

If yes, please explain _____

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge.

I understand that I must reside in District 2 for the City of Roanoke Rapids and must be registered to vote in Halifax County, North Carolina to be eligible to be appointed to fulfill this Council seat.

I understand that regular attendance at Council meetings is essential to conscientious representation of the residents of my District and the City of Roanoke Rapids, and that should I be appointed to Council, I will be responsible for representing the best interest of the residents of my District as well as all residents of the City of Roanoke Rapids.

I understand that should I be appointed to Council, full disclosure of conflicts of interest and potential financial gain from any matter brought before Council must take place prior to any discussion or vote, and that when deemed appropriate, I must recuse myself from discussion and action taken by Council.

Signature: _____

Date _____

Return completed form no later than Thursday, August 29, 2024 at 12 noon to:

City of Roanoke Rapids
Attn: City Clerk
P. O. Box 38
1040 Roanoke Avenue
Roanoke Rapids, N. C. 27870
Phone: (252) 533-2840
Email: tstorey@roanokerapidsnc.com