



APPLICATION FOR TOWN COUNCIL

Town Charter Article III,
Article IV

PO Box 351
50 S Beech Street
Hudson, CO 80642

Phone: 303-536-9311
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info@hudsoncolorado.org

Application for: Mayor Council Position

Full Name: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____ Employer: _____

Qualifications for Town Council Position:

1. U.S. Citizen
2. At least 18 years of age
3. Resident of Hudson at least 12 consecutive months
4. Registered elector
5. Must maintain residence throughout the term of the appointment

Length of Residency: _____ years _____ months

Please list any specialize business skill of education:

Please list any civic activities:

Are you familiar with any ordinances of master plans relating to the particular board or commission for which you are applying?

Yes No

Are you related to any employee, appointed or elected official of the Town of Hudson Government?

Yes No

If yes, please list name and position of relative(s):

Applicant's Signature indicating, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____.

Staff Initials: ____.

Approved: _____.

Date: _____.

Notes: _____.

_____.