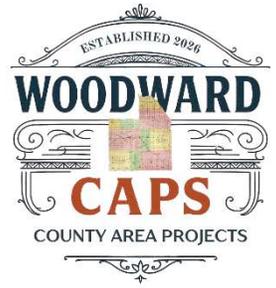


# WOODWARD COUNTY CITIZENS ADVISORY COMMITTEE

## APPLICATION FORM



### Applicant Information

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Voter ID Number: \_\_\_\_\_

DOB for Voter ID Verification \_\_\_\_/\_\_\_\_/\_\_\_\_

County Commissioner District (circle one):

1    2    3

How long have you resided in this district? \_\_\_\_\_

Disclose any potential conflicts of interest:

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### Required Attachments

Please attach:

✓ **A written letter explaining why you wish to serve on the Citizens Advisory Committee**, including your background, qualifications, and reasons for interest.

✓ Any additional supporting information you would like the Board of County Commissioners to consider.

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### Review & Interview Process

By submitting this application, I understand that:

- **My application will be reviewed by the County Commissioner representing my district.**
- **If selected, I will participate in an interview with the Commissioner that may include the mayor or town manager from the municipalities within my district.**
- The interview panel will assist in vetting applicants before official nomination is made in an open meeting of the Board of County Commissioners.

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## Role & Expectations (Applicant Disclaimer)

I acknowledge and understand that:

1. The Citizens Advisory Committee serves in an **advisory-only** capacity.
  - Its purpose is to review, study, and make recommendations to the Board of County Commissioners on eligible projects under the approved CAPS sales-tax program.
2. This is a **non-paid, volunteer position**.
3. Committee members must:
  - Attend scheduled meetings,
  - Participate in open and transparent discussions,
  - Disclose any conflicts of interest,
  - Follow all requirements of the **Oklahoma Open Meeting Act**.
4. **Meeting dates and times will be established by the Committee once formed.**
  - All meetings will be held as **open public meetings** for transparency.

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## Applicant Certification

I certify that the information provided in this application is correct to the best of my knowledge. I understand that inaccurate or misleading information may disqualify me from serving.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Submit Completed Application To:

### Woodward County Clerk's Office

1600 Main St. Suite 8.  
Woodward, OK 73801

**RETURN BY MARCH 6<sup>TH</sup>, 2026**