



**OREGON WATER WONDERLAND UNIT II**

**SANITARY DISTRICT**

55841 SWAN ROAD

BEND, OREGON 97707

PHONE (541) 593-3124 • FAX (541) 593-1111

www.oww2sd.com

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**BUDGET COMMITTEE APPLICATION**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

1. Do you reside within the Sanitary District? \_\_\_\_\_
2. Are you registered to vote in Deschutes County? \_\_\_\_\_
3. Number of year(s) you have lived in the area? \_\_\_\_\_
4. Would you be able to attend budget meetings on a regular basis? \_\_\_\_\_
6. Can you foresee any potential conflicts of interest that would prevent you from making impartial decisions? Please explain: \_\_\_\_\_  
\_\_\_\_\_
7. What is your occupation? \_\_\_\_\_
8. Please give a brief description explaining why you desire to participate in District activities and projects. \_\_\_\_\_  
\_\_\_\_\_
9. What qualifications do you possess that would benefit the District? \_\_\_\_\_  
\_\_\_\_\_