

Prospective Candidate Application for Council Vacancy

Filing Timeline

Application Open	Filing Deadline	Interview Date			
October 24, 2025	November 10, 2025 at 5:00 PM	December 1, 2025 at 6:00 PM			
Council Vacancy You Are Applying For:					

[] Mayor	[] Ward 1	[] Ward 2	[] Ward 3	[] Ward 4
Applicant Info	rmation			
Name of Candida	te			
First	MI		Last	
Candidate Reside	nce Address & Co	ontact Informatio	on Zip	
			1 '	
Home Phone		Cell Phone		
Home Phone Email Address		Cell Phone		

ccupation (present en	nployment) If not emplo	yed, enter "not Employed"	
Previous Employment			
Educational Backgrour Complete name of School	nd Last Grade Completed	Diploma/Degree/Certificate	Course of Study
omplete name of ocnoor	Last Grade Completed	Diptoma/Degree/Gertificate	Course of Study
Additional Education (i	.e., certification, discipline	es, credentials, or specialized s	kills)
Prior Governmental Exposes the entered.	perience (elected or	appointed) If no relevant exp	erience, Non or NA
nust be entered.			

Candidate State	 ,		

Submitting Application

All applications will need to be submitted **in person** no later than 5:00 PM on Monday November 10, 2025 to:

City of Astoria
Election Officer
Finance Department
1095 Duane Street
Astoria OR, 97103

Notice of Nonpartisanship

Pursuant to the City Charter and the principles of municipal governance, all positions on the Astoria City Council, including those representing individual wards, are nonpartisan offices. Candidates for these positions shall not seek or hold office under the designation of any political party, nor shall political party affiliation be a consideration in the nomination, election, or service of any councilmember. This nonpartisan structure is intended to promote impartiality, collaboration, and the representation of the collective interests of the community. Members of the City Council are expected to exercise their duties in service to all residents of Astoria, independent of partisan influence or alignment.

Applicant Attestation

By signing this document, I hereby state that:

- I will accept the appointment for the office indicated above;
- I will qualify for said office if elected;
- All information provided by me on this form is true to the best of my knowledge.
- I verify that I have lived within Ward 4 in the City of Astoria since June 1, 2025.
- I verify that I am a registered voter.

Candidate Signature	Date