



Lindon City
100 North State Street
Lindon, UT 84042
801-785-5043
www.lindoncity.org

The Lindon City Mayor and Council are accepting applications to fill an at-large vacancy on the City Council. The term of office for this appointment will continue until 12:00 noon on the first Monday in January 2020, whereupon the position will then be filled by whomever is elected in the 2019 municipal election for this Council seat. Those interested in being appointed to fill the vacancy until January 2020 must meet the *Requirements for Office* outlined below, and shall submit a completed application signed in the presence of the Lindon City Recorder* no later than **Monday, January 7, 2019 at 5:00pm.**

Applicants for office will be interviewed by the Mayor and City Council in a regularly scheduled City Council meeting to be held at 7:00pm on January 15, 2019 at the Lindon City Center, 100 N. State Street, Lindon, UT. The Mayor and Council will then select an applicant to fill the vacancy.

City Council Member Appointment Application

Name: _____

Address: _____

Phone: _____ Email: _____

Number of years as a Lindon resident: _____ U.S. Citizen (Y/N) ____ Registered voter? (Y/N) ____

Requirements for Office:

1. Must be at least 18 years of age, a United States citizen and a registered voter of Lindon City;
2. Must have resided within the boundaries of Lindon City for at least twelve (12) consecutive months immediately preceding the date of appointment;
3. Must not be a convicted felon; must not have been convicted of treason or of an election crime; must not have been declared mentally incompetent; and must not have had the right to hold public office restricted pursuant to Article IV, Section 6, of the Utah Constitution and U.C.A. 20A-2-101.5.

I, _____, certify that I have read and understand the Requirements for Office listed above to file as a potential City Council member in Lindon City, Utah, and verify that I meet said requirements and understand the legal qualifications for office.

Signature

Subscribed and sworn to (or affirmed) before me by _____ on this _____ day of _____, 20____.

(Signed) _____
Kathryn A. Moosman,
Lindon City Recorder/Clerk

***Contact Kathy Moosman, City Recorder, at 801-785-5043 or kmoosman@lindoncity.org to set up an appointment to have this application notarized.**

