CITY of
Marceline
-MISSOURI-
116 N. Main Street USA, Marceline, MO 64658 • (660) 376-3528 • www.marcelinemo.us

APPLICATION FOR MEMBER OF MARCELINE CITY COUNCIL

To be considered for appointment to the City Council, your application form **and** interest letter must be received by the City no later than **12:00 pm on Monday, November 30, 2026**. Late applications will not be accepted. Interviews will be held at a **Special Council meeting on Tuesday, December 1, 2026 at 5:30 pm**. Applicants will be contacted in the afternoon of November 30th to schedule their interview.
(Print or type all information clearly)

Name: _____

Residential Address: _____

Occupation: _____

Employer's Name/Address: _____

Phone: _____ Email: _____

How many years have you lived within the City limits of Marceline? _____

Are you over the 21 years of age? ☐ Yes ☐ No

Are you a registered voter of the City of Marceline? ☐ Yes ☐ No

Are you available to attend regular monthly meetings scheduled for the second Wednesday of the month:
☐ Yes ☐ No

I hereby declare that I am not currently aware of any delinquency in the filing or payment of any state income taxes, personal property taxes, municipal taxes, real property taxes on the place of residence, as stated, or that I am not a past or present corporate officer of any fee office that owes any taxes to the state, other than those taxes which may be in dispute. I declare that I am not aware of any information that would prohibit me from fulfilling any bonding requirements for the office for which I am filing.

I hereby affirm that the information contained in the foregoing application form is true and that if appointed, I will assume the office of Member of the Marceline City Council.

Signature of Applicant: _____ Date:_____

Subscribed and sworn to before me this _____ day of _____, 20___. My Commission will expire _____.

_____
Notary Public

Date Received:_____ Time Received: _____