



CITY OF LOWELL

Application for City Council

**Alderman for Ward 2 Position 1
Current Term Ending 12/31/24**

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Place of Employment: _____ Phone: _____

Requirements

- Must be a qualified elector.
- Must be a U.S. Citizen.
- Must live in the jurisdiction you are representing (Ward 2).
- Must be a registered voter.
- Must never have been convicted of embezzlement of public money, bribery, forgery, or other infamous crimes.

Disclaimer and Signature

I certify that my answers are true and correct and that I meet all listed requirements.

Signature: _____ Date: _____

State of Arkansas
County of Benton

Witness my hand and seal on this _____ day of _____, 2023, when _____
appeared before me, a Notary Public, stating this document is true and correct.

Notary Public Signature

(SEAL)

My Commission Expires: _____