



Please return completed applications to:  
 City Secretary's Office  
 305 E. Austin Street  
 Jefferson, TX 75657  
 Monday – Friday from 8am -5pm  
[mboyd@cityhallofjefferson.com](mailto:mboyd@cityhallofjefferson.com)

**APPLICATION FOR APPOINTMENT TO  
 THE CITY OF JEFFERSON QUIET ZONE COMMITTEE**

*NOTE: All information on this application is public information pursuant to the provision of the Texas Public Information Act. Individuals appointed to serve on a board/commission/committee will be required to participate in training and obtain a certificate of completion for the Texas Open Meetings Act and Public Information Act within 90 days after date of appointment.*

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Street Address City State Zip

Public Phone: \_\_\_\_\_ Public Email: \_\_\_\_\_

Resident of the City of Jefferson for \_\_\_\_\_ years. Currently reside in new ward \_\_\_\_\_

Are you a registered voter? YES NO

Do you or an immediate family member receive any compensation from or are employed by, or hold any other position with the City of Jefferson YES NO

Are you currently serving on any other City Board/Commission/Committee? YES NO

If yes, explain: \_\_\_\_\_

Do you have any business dealings with the City of Jefferson that might present a conflict of interest? YES NO

If yes, explain: \_\_\_\_\_

Are you employed by or receive compensation from any railroad company? YES NO

If yes, explain: \_\_\_\_\_

Do you receive any compensation from the Texas Department of Public Safety? YES NO

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

**Academic/Work Experience**

Occupation and/or Area(s) of Expertise  
(If retired, please indicate former occupation or profession)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education/Professional/Community Activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Interest**

What is your position on the Quiet Zone in Jefferson?

(Circle one) For For Against Undecided  
For/Against/Undecided

Exceptions: \_\_\_\_\_

Are you open to receiving/obtaining the necessary information, and willing to hear both for and against arguments and make a recommendation based on the data and not your personal viewpoint?? YES NO

Reason(s) for which you wish to be considered for appointment along with any additional pertinent information and skills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Disclaimer and Signature

*Completing and submitting this application does not guarantee your placement on the board. Your application will be reviewed and kept on file for one (1) year.*

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand my attendance is required at all of the meetings of the board on which I am serving.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_