



City of Springfield City Council Application

Name _____

Address _____

Phone: _____ Email: _____

Years as Springfield Resident: _____ Occupation: _____

Education _____

Previous Government / Non-Profit / Community Organization Experience

GETTING TO KNOW YOU

What do you believe the role of local government should be?

What do you believe your role as a City Council member would be?

**What do you think are the most important issues facing the City of Springfield in the next two years?
Five years?**

What are your thoughts on how Springfield should approach residential growth? Commercial growth?

What are your thoughts on regional collaboration and partnership?

Please rank the following aspects of Springfield government from 1-9 in order of importance to you (1= most important, 9= least important)

- Public Safety Street Maintenance Financially sustainable growth
- Environmental Protection Parks Financial stewardship
- Water and Sewer Services Traffic Safety
- Quality of Life (dining, shopping, recreation, neighborhood appearance)

Describe your decision-making style by checking all that apply:

- Collaborative, Team Oriented (coalition building)
- Fact-based, Thought Analysis (facts and figures, practicality)
- Debate-Based (talking it over with colleagues before making a decision)
- Individualized (relying on what you know, education, experience, ideology)

What is ONE WORD that describes what you will add or offer to the City Council that will distinguish you from other candidates?

Signature

Date