

City of Brookfield

Application for Appointment to City Council Vacancy

Position: City Council Member (Appointment to Unexpired Term)

Term: Through the next municipal election

1. Applicant Information

Full Legal Name: _____

Residential Address (Brookfield, MO): _____

Length of Residency in Brookfield: _____

Phone Number: _____

Email Address: _____

2. Eligibility Certification

Please initial each statement:

____ I am a resident of the City of Brookfield, Missouri.

____ I am a qualified voter.

____ I meet all eligibility requirements under Missouri law to serve on the City Council.

____ I am not disqualified from holding public office under state law.

____ I understand this appointment is to fill the unexpired term until the next municipal election.

3. Statement of Interest

Please attach a letter of interest (1–2 pages maximum) addressing:

- Why you wish to serve
- Your understanding of the role of a City Council member
- Relevant experience or qualifications
- What you believe are priorities for the City of Brookfield

4. Experience & Background

Current Occupation: _____

Employer (if applicable): _____

Previous Public Service Experience (if any):

Community Involvement:

(Resume may be attached, but is not required.)

5. Conflict of Interest Disclosure

Do you currently have any contracts, financial interests, or pending matters involving the City of Brookfield that could present a conflict of interest?

- Yes
- No

If yes, please explain:

6. Availability Commitment

City Council meetings are typically held on The 4th Tuesday every month at 5:30PM

____ I understand the time commitment required and confirm I am able to attend regular and special meetings and review materials in advance.

7. Acknowledgment of Open Meetings & Ethics

____ I understand that service on the City Council is subject to Missouri's open meetings and records laws (Chapter 610, RSMo) and state ethics requirements.

____ I understand that appointment requires compliance with all applicable statutes and ordinances.

8. Signature

I certify that the information provided is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Submission Instructions

Applications must be submitted to:

City Clerk
City of Brookfield
116 W. Brooks St., Brookfield, Mo. 64628
sdixon@brookfieldcitymo.gov

