



City of West Columbia
Bridging Past, Present and Future

APPOINTED OFFICIALS APPLICATION

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Occupation: _____

Years living at current residence: _____ Years as West Columbia resident: _____

Are you a current resident of West Columbia? _____

Are you currently a registered voter? _____

Community Organization Involvement: _____

Professional Experience: _____

Academic Background: _____

Additional Information: _____

I understand that the City will require a South Carolina SLED background check. I acknowledge that such investigations may be made, and that appointment is contingent upon the results of such checks.

Signature: _____

Printed Name: _____ Date: _____