



LEWISVILLE
Deep Roots. Broad Wings. Bright Future.

CITIZEN'S UNIVERSITY APPLICATION

Name: _____ Home Phone: _____

Home Address: _____ Day Phone: _____

City/State: _____ Zip: _____ Email: _____

Resident of Lewisville for _____ years; Registered Voter: Yes No

Occupation _____ Employer _____ Employer Address _____

Why do you want to participate in the University?

Please identify three issues you feel are important to Lewisville and/or your key areas of interest:
(This information will be provided to class presenters.)

Please return the completed form to the City Secretary's Office, City Hall, 151 West Church Street, Lewisville, 75057, fax (972) 219-3412, or email to jheinze@cityoflewisville.com by June 17, 2016 to be considered for the University.

Applicants must be registered voters in the City of Lewisville, a resident for at least one year, 18 years of age, and not be running for local political office during class time. 15 residents will be chosen to participate in a random drawing; however, spouses will not be allowed to participate in the same University class.

By signing below, you certify that all information on this form is represented accurately. The applicant further authorizes the City Council, or its designee, to verify any information. The applicant agrees to release and hold harmless the City from all claims incident to the verification of information contained herein. All information provided is considered public pursuant to the Texas Public Information Act.

If not selected for the 2016/2017 Academy, would you like your application to be kept on file for the next session? Yes No

Signature

Date