

Application for Bond Oversight Committee

(To be eligible for appointment to the Bond Oversight Committee an individual must live within the boundaries of the Hermiston School District)

Name: _____

Address: _____

City, State, Zip _____

Telephone # _____

Reason for applying:

Please list prior service in the Hermiston School District (P.T.A., committees, etc.)

Other comments:

Please return completed application to Hermiston School District,

Attn: Briana Cortaberra, 305 SW 11th St., Hermiston, OR 97838, by Friday, December 20, at 4:00 pm.