

BOARD OF PROPERTY TAX APPEALS (BOPTA)
APPLICATION
CLATSOP COUNTY

Date: _____

Name

Mailing Address

City

Street Address: _____ Email: _____

Home Telephone: _____ Other Telephone: _____

☐ work ☐ cell phone

Current Occupation: _____

Years Resident of County: _____ Do you live within the city limits: ☐ Yes ☐ No

In which Commission District do you reside: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Are you currently employed by, or receive compensation from a Tax District? If yes, please provide details.

Prior Criminal Convictions (omit minor traffic violations): ☐ Yes ☐ No

If Yes, Explain: _____
(Attach additional pages if needed)

Background (Relevant education, training, experience, etc.):

Describe your interest in serving on BOPTA:

Signature _____

Return Form To: **Clatsop County Clerk & Elections**
820 Exchange St Ste 220
Astoria, OR 97103