



City of Rockwall
Application for City Council, Place 5 Vacancy

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Are you at least 21 years of age? ____ YES ____ NO

Phone Number: (____) _____ - _____

E-Mail Address: _____

Are you a registered City of Rockwall voter? ____ YES ____ NO

Voter Registration #: _____

If you do not know your Voter Registration #, please search for it [here](#).

Tell us about yourself:

You may attach to this application a cover letter of interest and/or your resume.
Please submit paper documents in person at: Rockwall City Hall 385 S. Goliad St. Rockwall, TX 75087