



CITY OF **DOUGLAS** WYOMING
HOME OF THE JACKALOPE.

Recycling Task Force Applicant Questionnaire

101 N. 4th Street / P.O. Box 1030

Douglas, WY 82633

307-358-3462, Fax: 307-358-6447

Name of Applicant: _____

This questionnaire will be utilized by the City Council in their selection process for the City of Douglas Recycling Task Force. Please answer as honestly and fully as possible. Feel free to use additional pages if needed.

- 1) Do you currently pay a City of Douglas utility bill?

- 2) What experience do you with organizational financial planning?

- 3) What draws your interest in being a part of the City of Douglas Recycling Task Force?

- 4) How do you envision your role as a part of the task force?

- 5) What qualities do you possess that you believe would make you a good addition to the task force?