



City of Cascade Locks, Oregon

DATE AND TIME RECEIVED:

Application for City Boards, Commissions, Task Forces and Committees

(Check one below)

Budget Committee _____ Planning Commission _____ Tourism Committee X Other _____

NAME: Tracey Bordes HOME PHONE: N/A

MAILING ADDRESS: Cascade Locks CELL PHONE: _____

EMAIL ADDRESS: _____

Do you live within the city limits? Yes X No _____

How long have you lived in the City? 12 1/2 years

1. Why are you interested in serving?

I want to assist people while they visit Cascade Locks and the Columbia River Gorge. I want people to have the best experience while in our community.

2. Do you feel that you can meet the schedule required by the City Council?

Yes

3. What experiences have you had with City Committees, Boards, or Commissions?

None

4. What special skills or interests do you think you bring to this effort?

I'm outgoing and I'm knowledgeable about the Columbia River Gorge area

APPLICANT SIGNATURE [Signature]

DATE: 2-27-25

Thank you. We appreciate your willingness to serve.