



COUNTY OF EL PASO
ETHICS COMMISSION

Application for Commission

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code _____

Length of Residency in El Paso County: _____ (Years/Months) (must be at least 2 years)

Are you at least 18 years of age? **YES** **NO**

Are you a property tax payer in El Paso County? **YES** **NO**

Place of Employment: _____

Title: _____

Business Address: _____

City: _____ State: _____ Zip Code _____

Telephone: () _____ Fax Number: () _____

Professional Background: _____

Educational Background: _____

Previous volunteer organizations and/or community service: _____

Are your property, state, and federal taxes current? _____ (Yes) _____ (No) If not, please give a brief explanation:

Signature: _____ Date: _____

Application may be delivered or mailed to 800 E. Overland, Ste. 223, El Paso, TX 79901, by fax to (915) 546-8126, or by email to bkeller@epcounty.com.