



CITY OF PORTLAND ADVISORY BODY

NOTICE OF INTENT TO CONTINUE TO SERVE FORM

Advisory body member name: _____

Advisory body name: _____

Member current term (start and end):

Start: _____

End: _____

What excites you about continuing to serve on this advisory body?

Signature

Date

FOR STAFF:

Request outcome:

Approved

Not Approved

Justification (voluntary):