

STIF/STAC Committee Application

Term: Upon Appointment through June 2026

Applicant Name:	Date:
Address:	Zip Code:
Phone Number:	Email Address:
Are you a resident of our District?	Are you a registered voter?
Why do you want to serve on the Umpqua Public Transportation District STIF/STAC Committee?	
Describe past experiences or positions held the member.	at would assist you as a STIF/STAC Committee
Outline strengths, abilities and talents that you	ı would bring to the STIF/STAC Committee.
Describe your knowledge of Public Transportat	ion rules, regulations and funding sources.
In your opinion, what is the most important ro	le of a STIF/STAC Committee member?
Attach additional sheets if needed If appointed, would you be able to serve the er Please submit your application to: Cheryl Chea	

ccheas@umpquatransit.org