

APPLICATION FOR COMMUNITY ADVISORY COUNCIL



NAME: _____ DATE: _____

HOME OR BUSINESS ADDRESS: _____

CITY/ZIP: _____ WORK PHONE: _____

HOME PHONE: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

EMPLOYER IF APPLICABLE : _____ POSITION : _____

Are you a City resident? _____ If yes, how long? _____

If no, are you a business owner? _____

BRIEFLY DESCRIBE YOUR BACKGROUND AND EXPERIENCE AND HOW ITS RELEVANT TO THIS COUNCIL:

BRIEFLY DISCUSS YOUR MOTIVATION FOR SERVING ON THIS COUNCIL: _____

WHAT SEGMENT OF THE COMMUNITY DO YOU REPRESENT AND WHAT MAKES YOU A REPRESENTATIVE OF THAT SEGMENT?

If you would like to attach additional documentation, please feel free to do so.

Thank you for your interest!

Please return completed application to:

City of Lake Stevens

Attn: City Clerk

1812 Main Street, P.O. Box 257

Lake Stevens, WA 98258

OR: kchelin@lakestevenswa.gov

Signature

Print your full name