

Citizen Board and Commission Application

(PLEASE PRINT OR TYPE) NOTE: This form is a public record and may be subject to disclosure upon request



(Board or Commission)

Name: _____

Date: _____

Address: _____

Day Phone: _____

Evening Phone: _____

Cell: _____

E-mail: _____

Occupational status and background: _____

Organizational affiliations: _____

Why are you seeking this appointment? _____

What skills and knowledge do you have to meet the selection criteria? _____

Please list any other Board, Commission, Committee, or official positions you currently hold with the City of Edmonds: _____

Additional comments: _____

Please return this completed form to:

Edmonds City Hall
121 5th Avenue North
Edmonds, WA 98020
carolyn.lafave@edmondswa.gov
Phone: 425.771.0247 | Fax: 425.771.0252

Signature