



APPLICATION FOR CITY COUNCIL VACANCY

NAME: _____ DATE: _____

ADDRESS: _____ HOME PHONE: _____

CITY/ZIP: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

ARE YOU A CITY RESIDENT? YES NO HOW LONG? _____ REGISTERED VOTER? YES NO
(NOTE: A city resident resides within the City limits of the City of Issaquah.)

NAME/ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

EDUCATIONAL BACKGROUND (including year graduated and Degrees): _____

PROFESSIONAL EXPERIENCE: _____

ORGANIZED AFFILIATIONS: _____

WHY ARE YOU SEEKING APPOINTMENT? _____

GENERAL REMARKS: _____

Deadline: 5pm, Friday, February 4, 2011

Please return completed application along with a letter of interest to:

City of Issaquah
ATTN: City Clerk
P. O. Box 1307
Issaquah, WA 98027-1307
Phone: (425) 837-3000
tinae@ci.issaquah.wa.us

Applicant Signature