Town of Cathlamet

PLANNING COMMISSION APPLICATION (CMC 2.50)

AN EQUAL OPPORTUNITY EMPLOYER (WAC 162-12-140)

APPLICANT INFORMATION

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: _____ Email _____

Current Occupation, if any: _____

Are you a registered voter in the Town of Cathlamet? YES ☐ NO ☐ How long have you lived in Cathlamet/Wahkiakum County? _____

Are you resident in Cathlamet or Wahkiakum County? In-Town, Cathlamet Resident ☐ Out-Town Wahkiakum County ☐ Have you previously held public office? YES ☐ NO ☐

EDUCATION

High School: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

EXPERIENCE

List any experience that you believe would be relevant or beneficial to service on the commission (include names/dates of employment):

_____

_____

_____

_____

Tell us briefly why you seek this appointment, what skills and interests you would bring to the office, and what Town concerns or needs you hope to address:

_____

_____

_____

_____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

375 2nd Street | Cathlamet, WA 98612 | T: 360.795.3203 | F: 360.795.8500