



CITY OF EDMONDS

APPLICATION FOR APPOINTMENT TO CITY COUNCIL POSITION NO. 4

PLEASE COMPLETE THE ENTIRE APPLICATION FORM. Applicants may attach a cover letter and/or a resume in addition to completing the entire application form.

RETURN BY 4:30 P.M., DECEMBER 31, 2009, TO:

CITY CLERK'S OFFICE

City Hall, First Floor

121 5th Ave. N.

Edmonds, Washington 98020

For Information - Call (425) 771-0245 or 775-2525

DATE: _____

NAME: _____
(Last) (First) (Middle Initial)

STREET ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE: (HOME) _____ (WORK) _____ (CELL) _____

E-MAIL ADDRESS: _____

YEARS EDMONDS RESIDENT: _____ REGISTERED VOTER _____ Yes _____ No

PRESENT EMPLOYER: _____

HAVE YOU PREVIOUSLY SERVED AS AN ELECTED OFFICIAL OR HAVE EXPERIENCE AS AN APPOINTED OFFICIAL, INCLUDING PUBLIC BOARDS, COMMITTEES, COMMISSION OR TASK FORCES? *(If Yes, Please Explain)*

CAN ATTEND EVENING MEETINGS? ____YES ____NO

CAN ATTEND DAYTIME MEETINGS? ____YES ____NO

PLEASE RESPOND TO THE FOLLOWING QUESTIONS WITHIN THE SPACE PROVIDED:

1. Why do you wish to hold the position of City Councilmember?

2. What types of contributions can you make to the City Council?

3. What, if any, do you see are the City's prominent problem areas and what are your recommended solutions?

4. Do you have the time to fulfill the responsibilities of this position?

5. What do you see as the City's role in the community's future?

6. What has been your involvement in the community?

7. Would you campaign for election in the next full election?

Signature

Date

State of Washington

County of _____

Signed or attested before me on _____, 2009 by _____.

(Signature of Notary)

(Print Name)

NOTARY PUBLIC

My appointment expires: _____