

CITY OF WASHINGTON

BOARD/COMMISSION APPLICATION FORM

Please return to: City of Washington, ATTN: City Clerk, PO Box 516, Washington, IA 52353

Application for:Airport Com	missionPlanning & Zoni	ing CommissionBoard of Adjustmen
Forestry Commission	Library BoardHis	storic Preservation Commission
Cable T	V Commission Tree Bea	utification Committee
Hotel/Motel Tax Fun	nd Administration Committee	Park & Recreation Board
NAME	HOME ADDRESS_	
OCCUPATION	EMPLOYER	2
PHONE NUMBER: HOME	BUSINESS_	
E-MAIL ADDRESS		
EXPERIENCE AND/OR ACTIVITIE FREE TO ATTACH ADDITIONAL INFORM.		IFY YOU FOR THIS POSITION (PLEASE F
WHAT IS YOUR PRESENT KNOW	LEDGE OF THIS ADVISORY	BOARD
WHAT CONTRIBUTIONS DO YOU REASON FOR APPLYING)	J FEEL YOU CAN MAKE TO	THIS ADVISORY BOARD? (OR STATE
Signature		Date

Biographical Background of the Applicant:
What is your favorite thing about Washington?
What makes Washington unique?
What do you see as the future of Washington?
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