



City of Woodinville

COMMUNITY SERVICE APPLICATION FOR MEMBERSHIP ON THE PLANNING COMMISSION

(Please type or print)

Name	
Home Address	
(Zip Code)	
Phone - HOME	
Phone - CELL	
E-Mail Address	

NOTE: You must reside within Woodinville city limits for this appointment.

Do you currently reside within the Woodinville city limits? Yes No

What is your length of residency in Woodinville city limits? ___ Years ___ Months

Are you currently a registered voter in the State of Washington? Yes No

1. What is your educational background? *(There are no special educational requirements for this position.)*

2. What is your occupational background, beginning with most current occupation and employer, volunteer position, or home occupation? *(There are no employment requirements for this position.)*

3. Describe the ways you have been involved in the Woodinville community.

NOTE: This is a public record and is subject to the Open Public Records Act. Public Spaces Commission meetings are recorded and broadcast on Woodinville TV and the City's website.

