



# CITY OF EAST WENATCHEE

## COMMUNITY DEVELOPMENT DEPARTMENT

271 9<sup>TH</sup> STREET NE \* EAST WENATCHEE, WA 98802

PHONE (509) 884-5396 \* FAX (509) 886-6113

### APPLICATION FOR APPOINTMENT TO PLANNING COMMISSION

Applicants must reside within the city or in Douglas County within three miles of the city limits of the city, own property within the city, or do business in the city. The Mayor makes all appointments to the Planning Commission. The term of office is two years.

#### Applicant Information

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Years lived in East Wenatchee Area: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Education and Formal Training: \_\_\_\_\_

Have you ever been convicted of a felony or released from prison? \_\_\_\_\_ Yes \_\_\_\_\_ No

(A conviction record will not necessarily bar you from serving. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the position for which you have applied will be considered.)

#### Volunteer/Community Experience:

Organization and Duties: \_\_\_\_\_ Length of Service: \_\_\_\_\_

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Skills/Special Interests: \_\_\_\_\_

\_\_\_\_\_

Experience related to the Commission: \_\_\_\_\_

\_\_\_\_\_

Why are you seeking this appointment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Would any conflict of interest be created as a result of your appointment? \_\_\_ Yes \_\_\_ No

If yes, please explain:

**References**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Affidavit of Applicant**

I, \_\_\_\_\_, do hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I also understand that this completed application may be made available for public inspection.

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Signature

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Date