



APPLICATION FOR APPOINTMENT TO FILL VACANCY ON SELAH CITY COUNCIL

We appreciate your interest in wishing to serve your City. We ask your indulgence in completing this brief form so that the City Council can have sufficient information to make an appointment. Please add any other information that might be relevant.

PLEASE PRINT CLEARLY:

NAME: _____

HOME ADDRESS: _____

PHONE NUMBERS: HOME _____

BUSINESS _____

CELL _____

YEARS OF RESIDENCY:

IN THE CITY OF SELAH _____ IN YAKIMA COUNTY _____

OCCUPATION: _____

Please give any training or experience which you possess that would be beneficial to a member of the City Council:

Please list any associations, clubs or groups of which you are a member:

Are you a registered voter? ☐ Yes ☐ No

Are you restricted from meeting at certain times during the day or evening, Monday – Friday?

☐ Yes ☐ No

If so, please give time(s) of day and/or days of week:

Please furnish two references who could speak to your qualifications for the desired appointment:

NAME: _____

HOME ADDRESS: _____

PHONE NUMBERS: HOME_____ BUSINESS _____ CELL _____

NAME: _____

HOME ADDRESS: _____

PHONE NUMBERS: HOME_____ BUSINESS _____ CELL _____

Please return completed form to:

City Administrator
115 W. Naches Ave
Selah, WA 98942

The Mayor and City Council will conduct interviews at a regularly scheduled Council Meeting prior to making the appointment.

If you have any questions, please call 698-7328.