



Spokane City Hall
808 W. Spokane Falls Blvd, Spokane, WA 99201
509-625-6250

BOARDS & COMMISSIONS REQUEST FOR REAPPOINTMENT

The information provided on this questionnaire will be used by the Mayor and City Council in considering your reappointment.

REQUESTING REAPPOINTMENT TO: _____

Applicant's Name: _____

Email: _____ Phone: _____

Street Address: _____ City: _____ Zip Code: _____

Mailing Address (if different from above): _____

Council district in which you reside: _____ (Need to verify? [Check here](#))

How many terms have you previously served on this Committee/Board/Commission? _____

INTERESTS & EXPERIENCES

Describe why you are interested in being reappointed to this Committee/Board/Commission.

List any community, professional, or volunteer experiences you have had which make you an effective member of this Committee/Board/Commission.

UNDERSTANDING OF APPLICATION

I, _____, certify that I have read and understand all questions and statements contained in this application, further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

I understand that applications are subject to the Washington State Public Records Act, which provides an exemption from public inspection and copying of certain personal information as set forth in the Act.

SIGNATURE OF APPLICANT: _____ DATE: _____

PLEASE MAIL TO CITY HALL OR RETURN VIA EMAIL TO MAYOR@SPOKANECITY.ORG