APPLICATION FOR APPOINTMENT TO FILL VACANCY ON NACHES TOWN COUNCIL

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

The vacancy which has occurred on the council is position #5. Please type or print clearly: Home address: _____ Phone numbers: Cell: _____ Home: _____ Business: _____ Years of residency in the Town of Naches: _____ In Yakima County: _____ Occupation: Please give any training or experience which you posses that would be beneficial to a member of the Town Council:

Are you a registered	voter? [] Yes	[]No	
Friday?	om meeting at certain time [] Yes	[] No	ing, Monday through
if so, please give time	e(s) of day and/or days of	week:	
Please furnish two ret	ferences who could speak	to your qualifications fo	or the desired appointment:
	•	•	
Name:			
Address:			
Phone numbers:	Home:		Business:
			
Name:			
Address:			
Phone numbers:	Home:		Business:
	Tionic.		Business.
The Naches Town Co	ouncil will conduct intervi	ews at the regularly sche	eduled monthly meeting.
		_	
Your Signature:		Da	te:
Dlagge return this con	nnlated annlication form t	o Joff Dangar Town Ad	ministrator 20 E Sacand
Street, PO Box 95, N	npleted application form to Vaches, WA 98937.	o jen Kanger, Town Ad	mmistrator, 29 E Second

If you have any questions, please call 653-2647.

DECLARATION AND AFFIDAVIT OF CANDIDACY

State of Washington} County of Yakima } ss. Town of Naches }			
DECLARATION			
I,	, Town of Naches, County of Yakima, unty of Yakima; that, at the time of filing this elected; that I hereby declare myself a pointed at the next Town Council meeting,		
AFFIDAVIT			
FURTHER, I do solemnly swear, or affirm, the of the United States and the Constitution and laws of Ordinances of the Town of Naches.	* *		
	Signature of candidate as registered to vote		
Subscribed and sworn to before me this day or	f		
	Signature of Acknowledging Official		
(SEAL)			
	Title of Acknowledging Official		