

APPLICATION

**KING COUNTY FIRE PROTECTION
DISTRICT 43 COMMISSIONER**



NAME: _____

DATE: _____

ADDRESS: _____

PRIMARY PHONE: _____

CITY/ZIP: _____

EMAIL ADDRESS: _____

ARE YOU A DISTRICT RESIDENT (includes the city limits of Maple Valley)? YES NO **HOW LONG?** _____
REGISTERED VOTER? YES NO

NAME/ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

EDUCATIONAL BACKGROUND (including year graduated and degrees): _____

PROFESSIONAL EXPERIENCE: _____

ORGANIZATIONAL AFFILIATIONS: _____

WHY ARE YOU SEEKING APPOINTMENT? _____

GENERAL REMARKS: _____

Please return completed application to:
King County Fire Protection District 43
ATTN: District Secretary
24611 116th Ave SE
Kent, WA 98030
Phone: (253) 856-4323
Email: jsteward@pugetsoundfire.org

Applicant Signature