



**CITY OF LAKEWOOD**

6000 Main Street SW  
Lakewood, WA 98499

**APPLICATION FOR APPOINTMENT**

*The information in this document is subject to public disclosure and can be made available to the public.  
(Attach additional pages if necessary to complete answers.)*

I wish to be considered for appointment to the following committee, board or commission:

- |  |  |
|--|--|
| <input type="checkbox"/> Arts Commission   | <input type="checkbox"/> Parks and Recreation Advisory Board |
| <input type="checkbox"/> Community Services Advisory Board   | <input type="checkbox"/> Planning Commission                 |
| <input type="checkbox"/> Lakewood's Promise Advisory Board   | <input type="checkbox"/> Public Safety Advisory Committee    |
| <input type="checkbox"/> Landmarks and Heritage Advisory Board   | <input type="checkbox"/> Salary Commission                   |
| <input type="checkbox"/> Lodging Tax Advisory Committee (Members of this committee must be representative of an agency involved in tourism promotion.) |  |

**EXPECTATIONS:** Adhere to City of Lakewood's Code of Ethics and regular attendance at meetings is required.

**PLEASE RETURN THIS FORM TO:** City of Lakewood - City Clerk's Office  
6000 Main Street SW  
Lakewood, WA 98499  
(253) 983-7705 Fax: (253) 589-3774  
Email: [bschumacher@cityoflakewood.us](mailto:bschumacher@cityoflakewood.us)

Name: \_\_\_\_\_  
(Please Print)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

**LODGING TAX ADVISORY COMMITTEE APPLICANT QUESTIONS:**

Are you representing a business that is required to collect lodging tax? Yes      No

Are you involved in activities authorized to be funded by revenues received from lodging tax? Yes      No

Have you previously served or are you currently on one of the Lakewood's Boards, Committees or Commissions? Yes      No      If yes, please explain (include names of Boards, Committees or Commissions and the dates that you served:

Date available for appointment:\_\_\_\_\_

Are you available to attend evening meetings? Yes      No

Are you available to attend daytime meetings? Yes      No

Recommended by:\_\_\_\_\_

Education:

Professional and/or community activities:

Please share some of the experiences or qualifications that you have relating to the work of this board, committee or commission:

Please explain why you would like to be part of this board, committee or commission:

I hereby certify that this application and any other materials and/or documents provided in this application process contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Signature:

\_\_\_\_\_Date:\_\_\_\_\_