

## CITY OF LAKEWOOD

6000 Main Street SW Lakewood, WA 98499

## APPLICATION FOR APPOINTMENT

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

[ ] American Lake – Lake Management District No. 1 Advisory Committee

PLEASE RETURN THIS FORM TO: City of Lakewood City Clerk's Office

6000 Main Street SW Lakewood, WA 98499

Email: bschumacher@cityoflakewood.us

Name:		
	(Please Print)	
Home Address:		
City:	State:Zip:	
Phone Number:	E-mail:	
Are you a private property owner in the Amer	rican Lake – Lake Management District No. 1 Yes	No
Have you previously served or are you current Commissions? If yes, please include names an	tly on one of the Lakewood's Boards, Committees nd the dates that you served:	or
Please share some of the professional and/or chave relating to the work of this committee:	community activities, experiences or qualifications	that you
Please explain why you would like to be part of	of this committee:	
	other materials and/or documents provided in this a and that the information given is true and complet	
Signature:	Date:	