CITY OF COVINGTON
16720 SE 271st Street, Suite 100, Covington, WA 98042
Phone: 253-480-2405; Fax: 253-480-2401 www.covingtonwa.gov

APPLICATION FOR PRO/CON COMMITTEES FOR 2015 BALLOT MEASURE

APPLICANT INFORMATION

Check One: ☐ Pro Committee ☐ Con Committee

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Length at current residence: _____ Work inside city limits ☐ Yes ☐ No Live inside city Limits ☐ Yes ☐ No

Email Address: _____

Telephone Numbers: _____
Home Cell Work

Occupation: _____

Employer: _____

Experience Related to Position Applied for: _____

_____
_____
_____
_____
_____

Why do you want to serve on this committee _____

_____
_____
_____
_____
_____
_____

Signature _____ Date _____

I understand that this completed application and supporting documents may be made available for public inspection.