BUDGET PRIORITIES ADVISORY COMMITTEE
NOMINATION FORM

TELL US ABOUT THE NOMINEE *(Self nominations are also encouraged)*

NAME:_____

BUSINESS/OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____ EMAIL: _____

IS THIS PERSON UNDER 18? _____ IF SO, WHICH SCHOOL DOES HE/SHE ATTEND? _____

TELL US ABOUT YOURSELF

NAME:_____

BUSINESS/OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____ EMAIL: _____

NOMINATION STATEMENT

TELL US WHY THE NOMINEE WOULD BE AN IDEAL BPAC MEMBER: (use back of form if necessary)

_____
_____
_____
_____
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_____

Please forward your completed nomination form by mail, e-mail, fax or drop-off to:

Joan Michaud, Deputy City Clerk
City of Covington
16720 SE 271st St #100
Covington, WA 98042
Fax: (253) 638-1122
jmichaud@covingtonwa.gov

Questions?
Contact: City Manager Derek Matheson
Email: dmatheson@covingtonwa.gov
Phone: (253) 638-1110 ext.2225