t!wY{ !b5 w9/w9!¢Lhb PRIORITIES ADVISORY COMMITTEE ótwŜt!/ó
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 PRePAC MEMBER:

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

Joan Michaud, Senior Deputy City Clerk
City of Covington
16720 SE 271st St #100
Covington, WA 98042
Fax: (253) 480-2401
jmichaud@covingtonwa.gov

Questions?
Contact: City Manager Regan Bolli
Email: rbolli@covingtonwa.gov
Phone: (253) 480-2405