

APPLICATION

KING COUNTY FIRE PROTECTION DISTRICT 45 COMMISSIONER



NAME: _____

DATE: _____

ADDRESS: _____

PRIMARY PHONE: _____

CITY/ZIP: _____

EMAIL ADDRESS: _____

ARE YOU A DISTRICT RESIDENT? ☐ YES ☐ NO HOW LONG? _____ REGISTERED VOTER? ☐ YES ☐ NO
(NOTE: A District resident resides within the boundaries of the Fire Protection District)

NAME/ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

EDUCATIONAL BACKGROUND (including year graduated and Degrees): _____

PROFESSIONAL EXPERIENCE: _____

ORGANIZATIONAL AFFILIATIONS: _____

WHY ARE YOU SEEKING APPOINTMENT? _____

GENERAL REMARKS: _____

Please return completed application to:

King County Fire Protection District 45
ATTN: Board Secretary
175 Newport Way NW
Issaquah, WA 98027
Phone: (425) 313-3232
Email: mknutson@esf-r.org

Applicant Signature