

**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
PO BOX 338
Duvall, WA 98019
Phone: (425) 788-1625
Email: crobertson@duvallfire45.com

Applicant Signature