



# City of Asotin

[www.cityofasotin.org](http://www.cityofasotin.org)

Phone: 509-243-4411

PO Box 517

121 Cleveland Street

Asotin WA 99402

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## CITY OF ASOTIN

### APPLICATION FOR APPOINTMENT TO THE PLANNING COMMISSION

The City appreciates your interest in wishing to serve your City in this capacity. Please complete this brief form so that the City Council can have sufficient information to make an appointment to the position open in the City of Asotin.

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Years of Residence in Asotin:** \_\_\_\_\_

**Do you have any specialized training or experience that you would bring to the position?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any special reasons for wishing to serve on this commission?**

\_\_\_\_\_  
\_\_\_\_\_

**Are you restricted from meeting at certain times? If so, please give times of day and/or days of the month:** \_\_\_\_\_

**Please furnish two references who could speak to your qualifications for the desired appointment:**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

Please return this completed for to the City Clerk, 121 Cleveland Street, PO Box 517 Asotin WA 99402.  
Please call 509-243-4411 with any questions.