



Joshua Stecker
Deputy City Clerk
250 Madison, Suite 2
Port Townsend, WA 98368
360-390-3048
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DECLARATION OF INTEREST

I wish to be of service to our Community and request your consideration for appointment to the _____
(Name of Advisory Board/Commission/Committee/Task Force – submit one declaration for each)

LTAC Applicants Only: Are you representing a lodging establishment (collector)? _____
Are you representing an organization authorized to receive bed tax funds (recipient)? _____

Name: _____

Address: _____

Email Address: _____

Phone: _____ (home) _____ (work)

Employer/Occupation: _____

Are you a resident of the City of Port Townsend? _____

Are you a registered voter of the City of Port Townsend? _____

Length of residence in Port Townsend? _____

What community activities have you participated in during the past five years?
(Use extra pages if necessary) _____

Are you serving, or have you served, on any citizen advisory boards, commissions, committees, task forces? *(If yes, list the organizations and dates of service. Use extra pages if necessary.)*

Organization: _____ **Date(s) of service:** _____

Organization: _____ **Date(s) of service:** _____

Please provide a brief background sketch including job experience, education, skills, hobbies, and special areas of interest:

What problems, issues or concerns do you see facing this particular advisory board, and how would you propose they be addressed: *(Use extra pages if necessary.)*

What special skills, knowledge, or experience do you have to contribute to this particular advisory board/committee/commission/task force? *(Use extra pages if necessary.)*

What limitations, if any, are placed on the time you would be available for meetings and other activities? How much time are you able to devote to the duties of this advisory board, committee, commission or task force? *(Use extra pages if necessary.)*

Please list three residents of Port Townsend you wish to use as personal references that can provide us with information pertinent to your application:

<i>Name</i>	<i>Address</i>	<i>Telephone</i>
<i>Name</i>	<i>Address</i>	<i>Telephone</i>
<i>Name</i>	<i>Address</i>	<i>Telephone</i>

To assist us with our communication and marketing efforts, please indicate how you learned of this vacancy.

- | | |
|---|--|
| <input type="checkbox"/> Newspaper, please specify: | <input type="checkbox"/> Council Member |
| <input type="checkbox"/> Utility bill insert | <input type="checkbox"/> City Staff Member |
| <input type="checkbox"/> Other, please specify: | <input type="checkbox"/> City Web Site |

Signature: _____ Date: _____

Please return to City Clerk, 250 Madison Street, Suite 2, Port Townsend, WA 98368
Thank you for your interest in service to our community.

Note: Upon submission, all information on this form becomes public record. For further clarification regarding this application or more information regarding the boards or commissions, please call City Administration at (360) 379-5047.