

*City of Cle Elum*  
119 West First Street  
Cle Elum, WA 98922



Telephone: (509) 674-2262  
Fax: (509) 674-4097  
www.cityofcleelum.com

**APPLICATION FOR APPOINTMENT**

Name of Position Interested In: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you live in the City Limits? \_\_\_\_\_ Length of Time as a Resident \_\_\_\_\_

Are you a registered voter in Kittitas County at the time of this application? \_\_\_\_\_

Occupation Status and Background: \_\_\_\_\_

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

Organization Affiliations: \_\_\_\_\_

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

Why are you seeking appointment? \_\_\_\_\_

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

Will you be able to attend meetings regularly, if appointed? \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Submitted

Send application to:

City of Cle Elum  
Attn: City Clerk  
119 West First St.  
Cle Elum, WA. 98922

If my first choice, as listed above, is not available; I would  
be interested in serving on one of the following:

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