**CITY OF NEWCASTLE**

# APPLICATION FOR CITY COUNCIL

### **Deadline for Applying: 5 p.m., August 20, 2021**

**Most Likely Date for Public Interviews: 7-10 p.m., September 21, 2021**

If you are interested in participating in local government by becoming a City Councilmember, please complete this application and return it with a resume and letter of interest by mail or email to:

## City of NewcastleAttn: City Clerk12835 Newcastle Way, Suite 200Newcastle, WA 98056-1316 cityclerk@newcastlewa.gov

Applicants must be registered voters and must have resided within the City of Newcastle for one year prior to their appointment.

Please note that this application and related materials are public records subject to disclosure under state law (Ch. 42.56 RCW). ***Expect all the following information to be provided to the public.***

The City Council meets regularly on the 1st and 3rd Tuesdays of each month at 7:00 p.m. and as otherwise necessary in the Council Chambers at City Hall.

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

 *Last* *First* *MI*

## Residential Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Newcastle, WA Zip: \_\_\_\_\_\_\_\_\_

## Preferred Phone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile – work – home – other)

Preferred Email Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (personal – work – other)

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to attend evening meetings? Yes No

Are you able to attend occasional daytime meetings? Yes No

Why are you interested in serving on the City Council?

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Work Background:

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Past or present community activities and role (organizations, service groups, etc.)
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Specific knowledge or skills you feel would benefit the City Council:

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Other comments/additional information for consideration:

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_