

City of Maple Valley

Citizen Commission/Committee Application



(Name of Commission)

Name: _____

Date: _____

Address: _____

Phone: _____

Cell: _____

Email: _____

Do you reside within the City Limits of Maple Valley? Yes No

Occupational status and background:

Organizational affiliations:

Why are you seeking this appointment?

Please list skills and knowledge you have applicable to this appointment:

Please list any other Commission, Committee or official positions you currently hold with the City of Maple Valley:

Additional comments:

Please return this completed form to:

Maple Valley City Hall
22017 SE Wax Road, Suite 200
PO Box 320
Maple Valley, WA 98038
Phone: 425.413.8800

Signature