

**CITY OF RENTON
APPLICATION FOR
BOARDS/COMMISSIONS/COMMITTEES**

If you are interested in participating in local government by membership on any of the following City boards, commissions, or committees, please complete this application and return it to:

**City of Renton. Planning Division
Attn: Angie Mathias
1055 South Grady Way
Renton, WA 98057**

Check the boards/commissions/committees in which you are interested:

- | | |
|--|--|
| <input type="checkbox"/> AIRPORT ADVISORY COMMITTEE* | <input type="checkbox"/> MUNICIPAL ARTS COMMISSION* |
| <input type="checkbox"/> CITY CENTER COMMUNITY PLAN ADVISORY BOARD** | <input type="checkbox"/> PARKS COMMISSION* |
| <input type="checkbox"/> CIVIL SERVICE COMMISSION* | <input type="checkbox"/> PLANNING COMMISSION* |
| <input type="checkbox"/> HISTORICAL/MUSEUM BOARD* | <input type="checkbox"/> SENIOR CITIZENS ADVISORY COMMITTEE* |
| <input type="checkbox"/> HOUSING AUTHORITY* | <input type="checkbox"/> SISTER CITY COMMITTEE - CUAUTLA |
| <input type="checkbox"/> HUMAN SERVICES ADVISORY COMMITTEE* | <input type="checkbox"/> SISTER CITY COMMITTEE - NISHIWAKI |
| <input type="checkbox"/> LIBRARY ADVISORY BOARD* | |

* Special membership requirements apply. Visit www.rentonwa.gov or call 425-430-6500 for details.

Your application will be given every consideration as vacancies occur.

**Supplemental application required.

MR. MS. NAME _____ DATE _____

ADDRESS _____ ZIP CODE _____

PHONE: DAY _____ EVENING _____ EMAIL _____

RENTON RESIDENT? _____ IF SO, SINCE WHEN?

CITY OF FORMER RESIDENCE _____

EDUCATIONAL BACKGROUND _____

OCCUPATION _____ EMPLOYER _____

OCCUPATIONAL BACKGROUND _____

COMMUNITY ACTIVITIES (organizations/clubs/service groups, etc.) _____

REASON FOR APPLYING FOR THIS BOARD/COMMISSION/COMMITTEE _____

CITY OF RENTON
Supplemental Questions for
City Center Community
Planning Board Application

Members of the City Center Community Planning board must live, own property, lead a business, or be a representative of a non-profit/faith based/social service agency within the City Center boundary.

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Planning Division
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Please identify which type of member you would be:

- Resident
- Property Owner
- Business Leader
- Representative of a non-profit/faith based/social service agency.

If more than one, please indicate.

MR. MS. NAME OF APPLICANT: _____

EMAIL _____

Business or Agency name: (if applicable) _____

Business or Agency Address: (if applicable) _____

The Board has varied terms of 1, 3, or 5 years.

What length of term would you prefer? . 1 year term . 3 year term 5 year term

The Board may meet as much as 6 times per year and may schedule additional meetings if necessary.

Can you meet this often? Yes . No

Meetings will be held in the evening. What is the earliest time you would be available to start?

4pm 5pm 6pm

How did you become aware of the City Center plan which was adopted in June of this year?
