



APPLICATION FOR APPOINTMENT LACEY CITY COUNCIL LODGING TAX ADVISORY COMMITTEE

**I AM INTERESTED IN SERVING ON THE LACEY CITY COUNCIL
LODGING TAX ADVISORY COMMITTEE**

Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email: _____

Do you live in the City or in the urban growth area? City UGA

How long have you been a resident? _____

Briefly describe any special knowledge, skills, or experience that qualifies you for this appointment: _____

Briefly describe why you would like to serve on this Committee: _____

**Please submit your application and resume, if available, to
City of Lacey, 420 College Street SE, Lacey, WA 98503,
or by email to nwilliam@ci.lacey.wa.us.**

Applicant Signature _____ **Date** _____