

CITY OF WHITTIER, ALASKA
APPLICATION FOR THE WHITTIER CITY
COUNCIL SEAT



NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

HOME TELEPHONE: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

Have you resided in the City of Whittier for at least six months? Yes No

Are you a qualified voter in the City of Whittier? Yes No

List any special training, education, or background you have which may help you as a member of City Council. _____

I am specifically interested in serving on City Council because:

Have you ever served on a similar commission elsewhere? Yes No

If so, where? _____ And when? _____

CERTIFICATION

I certify under penalty of perjury that the foregoing is true and that the information in this statement is, to the best of my knowledge, true, correct and complete. A person who makes a false sworn certification which he or she does not believe to be true is guilty of perjury.

SIGNATURE: _____

PRINT NAME OF FILER

DATE AND PLACE SIGNED