



CITY OF WASILLA • OFFICE OF THE CITY CLERK • 290 E. HERNING AVENUE • WASILLA, AK 99654
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COMMITTEE APPLICATION

The City establishes a task force or committee from time to time which is temporary in nature and will expire upon completion of the project or need. Each are established by adoption of an ordinance or a resolution during a City Council meeting and are governed by Wasilla Municipal Code (WMC) Chapter 2.44 unless otherwise provided by the ordinance or resolution which established the task force or committee. Most expire within three years of the date of their first meeting.

Task force and committee members are usually appointed by the Mayor and confirmed by the City Council unless otherwise outlined in the ordinance or resolution which established them. Applicant names may be published in the newspaper and the merits of the appointment may be discussed during a public forum. **Please return completed applications to the City Clerk.**

COMMITTEE APPLYING FOR: _____

NAME: _____

MAILING ADDRESS: _____

RESIDENCE ADDRESS: _____

E-MAIL: _____

Do you regularly check your email? Yes or No

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

OCCUPATION: _____

EMPLOYER: _____

- Do you reside within Wasilla City limits? Yes or No If so, for how long? _____
- Do you currently own or operate a business in the City of Wasilla? If so, what is the name and physical location of the business? _____
- Does your schedule permit you to regularly attend required meetings? Yes or No

- Are you currently affiliated with the City of Wasilla in any way? (examples include: contractor, lease holder, employee) if so, please note the capacity: _____
- Do you currently have a direct or indirect financial or business interest with the City of Wasilla? If so, please note: _____

Please provide a brief statement describing your experience and involvement related to serving on this committee or task force. You may submit a cover letter and/or resume if you wish.

I understand that this is a voluntary, appointed position to be confirmed by the Wasilla City Council, and requires regular attendance at meetings. I further understand that this application is public information and the merits of my appointment may be discussed at a public forum. In addition, my name may be published in a newspaper or other media outlet.

I certify that the information in this application is true and accurate.

Signature of Applicant: _____ Date: _____

(All information provided on this application is public)

Date Received: _____
(date stamp below)

FOR OFFICE USE ONLY

Registered voter of the City: ___ yes ___ no City Resident: ___ yes ___ no

Resume or Cover Letter Attached: ___ yes ___ no

Date of Council Approval: _____ AM No.: _____

Date Applicant Notified: _____