City of SeaTac
CITIZEN ADVISORY COMMITTEE
Application for Appointment

- Planning Commission (PC) and Hotel/Motel Tax Advisory Committee (HMAC) applicants, use the application for that specific committee.
- Applicants selected for appointment will be subject to a background investigation prior to appointment.
- This application is subject to public disclosure laws of the State of Washington (RCW 42.56), and if requested will be provided in its entirety, without redaction or notification.

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Committees:
- Check the committee(s) you wish to be considered for appointment.
- Youth (SeaTac students and residents aged 16-18) are eligible to apply for committees with an *.

☐ Arts, Culture & Library Advisory Committee*   ☐ Community Services Advisory Committee*

☐ Senior Citizen Advisory Committee   ☐ Tree Board
(ages 55 and over)

☐ Port of Seattle Stakeholder Advisory Roundtable (StART)
This committee is not a City committee, but members representing the City are appointed by the City Council.

Applicant information:

Name:_____   E-mail:_____

Address:_____   City:_____ State:_____ Zip:_____

Phone (home):_____   Phone (mobile):_____

Are you a

SeaTac resident?   ☐ Yes   ☐ No   SeaTac student?   ☐ Yes, grade: _____   ☐ No

Do you own or operate a business entity located within the City of SeaTac?   ☐ Yes   ☐ No
Are you employed by a business entity located within the City of SeaTac?   ☐ Yes   ☐ No

Employer:_____   Phone:_____

Address:_____   City:_____ State:_____ Zip:_____

Availability:

Date available for appointment:_____

Can you attend: Evening meetings? ☐ Yes   ☐ No   Daytime meetings? ☐ Yes   ☐ No

Approximately how many hours each month can you devote to City business?_____

Have you previously served or are you currently on one of the committees listed above? ☐ Yes   ☐ No

If yes, please list which one(s): _____

If recommended, by whom: _____

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Senior Citizen Advisory Committee Applicants Only:

Are you at least fifty-five (55) years of age? ☐ Yes ☐ No

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I hereby certify that this application contains no willful misrepresentations, and that the information is true and correct to the best of my knowledge.

Signature:_____ Date: _____

Return this form to: City of SeaTac, Attn: City Clerk, 4800 South 188th Street, SeaTac, WA 98188 or cityclerk@seatacwa.gov

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For office use only:

Date Interviewed: _____   Committee:_____

Date Appointed: _____   Re-appointment: ☐ Yes   ☐ No

Date Interviewed: _____   Committee:_____

Date Appointed: _____   Re-appointment: ☐ Yes   ☐ No

Background Check Date: _____ Passed _____ Failed

Revised 08/08/2023