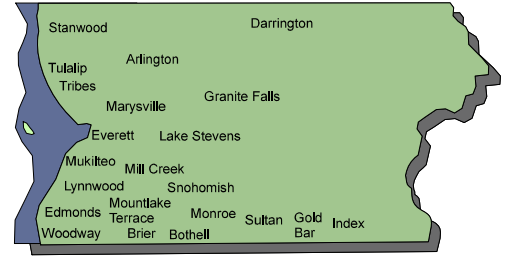


# Snohomish County Tomorrow

*A GROWTH MANAGEMENT ADVISORY COUNCIL*



## SNOHOMISH COUNTY TOMORROW COMMUNITY ADVISORY BOARD NOMINATION FORM

### INITIATOR

County department/agency: Planning and Development Services/ Snohomish County Tomorrow (SCT)

Contact person/phone: SCT Coordinator Jo Perryman (425) 388-3185

Name of Board/Commission: SCT Community Advisory Board (CAB)

Advisory  Governing \_\_\_\_\_ Ad Hoc \_\_\_\_\_ Ongoing \_\_\_\_\_

Term of Appointment: \_\_\_\_\_ Ongoing \_\_\_\_\_ Commencing: \_\_\_\_\_ Immediately \_\_\_\_\_

Mandated Requirements for Appointment: CAB members must either be residents of Snohomish County or have a business location address within the County. The business must have been in operation in Snohomish County for three years or longer. For this purpose, a post office box would not suffice as a business address.

### NOMINEE - Fill in this section

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ (zip) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail (if applicable) \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_

Licenses/Professional Certifications Held (if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Experience Relevant to Board/Commission \_\_\_\_\_

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Community Involvement \_\_\_\_\_

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Do You Serve On Any Other Snohomish County Board or Commission? \_\_\_ Yes \_\_\_ No

Reasons for Serving/Other Comments \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ATTACH RESUME IF AVAILABLE AND RETURN TO:**

Snohomish County Tomorrow Coordinator  
Snohomish County Planning & Development Services  
3000 Rockefeller Avenue, M/S 604  
Everett, WA 98201-4046

(425) 388-3185  
(425) 388-3670 fax