

Arch Cape Sanitary District Board APPLICATION

Date _____

Applicant Name _____

Mailing Address _____

Residence Address _____

Contact Telephone _____

Email _____

Position(s) Applied for:

Arch Cape Sanitary District Board - POSITION 3

Signature _____

**PLEASE COMPLETE BOTH PAGES OF THIS APPLICATION,
AND USE ADDITIONAL SPACE IF NEEDED**

APPLICATION IS DUE OCTOBER 10, 2023

Arch Cape Domestic Water Supply and Sanitary Districts
32065 E. Shingle Mill Lane, Arch Cape, OR 97102
mattgardneracutil@gmail.com: 503-436-2790

Describe your background (relevant experience, education, training, etc.)

Describe your interest in serving on the Arch Cape Special District Board(s).
