

LAKE FOREST PARK
WATER DISTRICT



Commissioners:
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LFPWD ADVISORY COMMITTEE APPLICATION FORM

NAME	
ADDRESS	
EVENING PHONE	
DAYTIME PHONE	
EMAIL	
DATE OF APPLICATION	

1. Are you a Lake Forest Park Water District customer? How long?
2. Do you live inside the LFPWD Critical Aquifer Recharge Area (CARA) www.lfpwd.org/critical-aquifer-recharge-area-classification/ or within our Corporate Boundary?
3. Are you able to serve a three-year term?
4. What are you hoping to accomplish by serving as Committee member?
5. What are your areas of interest and expertise that could be brought to the Committee?
6. Have you served on other Committees/Commissions at a local level? Which ones?

FOR DISTRICT USE ONLY		
	POINT POTENTIAL	POINTS
1.	5	
2.	1-3	
3.	3	
4.	1-3	
5.	1-4	
6.	1-4	
		TOTAL