HAYDEN LAKE SEWER DISTRICT
9393 N. STRAHORN RD.
HAYDEN LAKE, ID 83835
208-772-4379 FAX 208-772-4456
Email: hlrwsdclerk@frontier.com

APPLICATION FOR APPOINTMENT TO THE BOARD OF DIRECTORS

Name:_____
Residence Address_____
Mailing Address_____
Home Phone_____Work Phone_____
Current Employer_____
Position_____

Resident of the Hayden Lake Sewer District_____years.
Resident of Kootenai County_____years.

List any government or associated government positions you hold or have held:
_____
_____
_____
_____

List all current or past community involvement (I.E. Food Bank, Chamber of Commerce, Service Groups,Committees, etc.
_____
_____
_____
_____
_____

Why do you feel you should be considered for appointment to the Hayden Lake Sewer District Board and what do you feel you could contribute to the position?
_____
_____
_____
_____

Signature_____Date_____