

## Arch Cape Domestic Water Supply District / Arch Cape Sanitary District Budget Committee APPLICATION

	Date :
Applicant Name:	
Mailing Address:	
Residence Address:	
Contact Telephone:	
Email:	

## District Budget Committee Wishing to Serve On: Water District Budget Committee:\_\_\_\_\_ Sanitary District Budget Committee:\_\_\_\_\_ Both: \_\_\_\_\_ Describe your background (relevant experience, education, training, etc.) **Describe your interest in serving on the Arch Cape Budget Committee(s):**