City of Cle Elum 119 West First Street Cle Elum, WA 98922



Telephone: (509) 674-2262 Fax: (509) 674-4097 www.cityofcleelum.com

CITY COUNCIL VACANCY APPLICATION FORM

Name:	
Position Applied for:	
Physical Address (Required):	
Dhana Niverbana (Hana)	(C-II)
	(Cell)
Email address:	
Date of beginning of continuous residency within	
Are you a registered voter in Kittitas County, City	of Cle Elum?
Please state the reason you are interested in serv	ving:
Current and past Community involvement or ser task forces, or commissions:	vice on city, non-profit, or public boards, committees,
Applicable education, occupational, and specialize	zed experience:
Do you foresee any possible conflicts of interest or are you involved in any contracts with the City Please Explain	
Please list any other offices held:	
If appointed, would you seek election to the posi	ition? Yes No
Please attach any resumes, letters of recommendapplication.	dation, or other items you would like included with this
	person who is appointed shall serve until a qualified person is rning body normally would be elected. The person elected shall take d term.
for the council position listed above, and that, at the time	registered voter at the address listed above, that I am a candidate of filing this declaration, I am legally qualified to assume office. I aws of the United States, and the Constitution and laws of the State
Signature of Applicant	

City of Cle Elum Application for City Council Member

This application is subject to public disclosure.

Minimum Qualifications: Per RCW 35A.12.030, applicants must:

- Be a registered voter within the city at the time of filing.
- Have been a resident of the city for a period of at least one year preceding the election for office (or, in this case, appointment for office)
- Not hold within city government any other public office or employment except as permitted under provisions of chapter 42.24 RCW

Important Information for Candidates:

Persons appointed to fill a vacant elective office must file a financial affairs statement with the Public Disclosure Commission detailing certain financial information about themselves, their spouse and any dependent children which then becomes public information for anyone to access. All necessary Public Disclosure forms and instructions may be obtained from the Public Disclosure Commission, P. O. Box 40908, Olympia, WA. 98504-0908; or by calling telephone number 360-753-1111; or by accessing their website at www.pdc.wa.gov.

City Council Duties and Compensation:

Council Members will be paid a salary of \$250.00 per month. In addition to serving on the council and attending two council meetings per month, council members will be appointed to selected committees and are expected to serve on those committees to the best of their abilities.

Cle Elum Municipal Code:

2.03.010 Date and Time: The regular meetings of the City Council shall be held on the second and fourth Monday of each calendar month at six pm, in the council chambers of Cle Elum City Hall, located at 119 West First Street, Cle Elum, Washington.