



**CITY OF DES MOINES
APPLICATION FOR CITY COUNCIL
NEIGHBORHOOD ADVISORY COMMITTEE**

21630 11th Avenue South
Des Moines WA 98198

Name: _____
Address: _____
City/Zip: _____
Cell: _____ Work: _____
Length of residence at the above address: _____
Do you: Own Rent (circle one)
E-Mail: _____

- Neighborhood
- North Hill
- North Central
- Pacific Ridge
- Central Des Moines
- Marina District
- Zenith
- South Des Moines
- Woodmont
- Redondo
- Business Owner
- Marina Tenant

Professional Background: _____

Why do you wish to serve in this capacity and what can you contribute? _____

Would you consider being an alternate: Yes No (circle one)

What Events and/or Committees have you served and/or participated in the past? _____

How do you communicate with your neighbors? _____

How often do you communicate with your neighbors? _____

What availability do you have to attend meetings per month/quarter? _____

What current issues are you most interested in? _____

