



**Application for Appointment to the
Lodging Tax Advisory Committee**

The following information will assist us in the selection process.

Name: _____ Home phone # _____

(Last, first, middle initial)

Mailing Address: _____

City _____ State _____ Zip Code _____

Occupation _____ Employer _____

Business name/Address _____

Work phone # _____ E-mail _____ Fax _____

How do you feel that you can contribute to the lodging tax project selection process?

What are your community interests (committees, organizations, special activities)?

Conflict of Interest: Are you employed by an agency or business or a member of an organization who has applied to Kitsap County for funding with 2011 Lodging Tax revenue? Yes No

Do you represent a business required to collect lodging tax? Yes No

Availability for meetings : Mornings Afternoon Evenings

_____ Date

_____ Signature of Applicant

We welcome your willingness to serve Kitsap County. Please return this completed form to:
**Kitsap County Volunteer Services Coordinator, 614 Division Street MS-4, Port Orchard, WA 98366,
(360) 337-4650.**