

# Application for Lexington Flood Control Zone District Supervisor

Applicant Name:	
Street Address or PO Box:	
City, State, Zip:	
Home or Cell Phone Number:	Work Phone:
Email Address:	Date of Application:
Signature of Applicant:	

<b>Please explain why you are interested:</b>

<b>Background or experience:</b>

Additional Information may be attached.

Please return your completed form to:      **Lexington Flood Control Zone District**  
**1600 13<sup>th</sup> Avenue South**  
**Kelso, WA 98626**