CITY OF HAYDEN LAKE
9393 N. STRAHORN ROAD, HAYDEN LAKE, ID 83835
Ph 208-772-2161, OPT 2
CLERK@CITYOFHAYDENLAKE.GOV

APPLICATION FOR APPOINTMENT TO THE HAYDEN LAKE CITY COUNCIL

Name:
_____

Residence Address:
_____

Phone: _____ Email: _____

Are you a registered voter with Kootenai County Elections? _____

How long have you been a resident of the City of Hayden Lake? _____

Do you have any experience overseeing budgets or infrastructure?
_____
_____

List any government or associated government positions you have held or currently hold:
_____
_____

List any past or current community involvement:
_____
_____

Why do you wish to be considered for appointment to the City of Hayden Lake Council, and what could you contribute to the position?
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

The Council generally meets once per month; 5:00 pm on the first Tuesday of the month. Attendance is important to have a quorum and conduct business. Will you be available to attend these meetings in person? _____

Signature: _____ Date: _____