



**CITY & BOROUGH OF SITKA**  
**BOARD/COMMITTEE/COMMISSION APPLICATION**

Municipal Clerk's Office, 100 Lincoln Street, Floor 3  
Phone: 907.747.1826 Fax: 907.747.7403 Email: [clerk@cityofsitka.org](mailto:clerk@cityofsitka.org)

**Submit this completed application AND either a letter of interest or resume to the Municipal Clerk's Office by noon on the Wednesday prior to an advertised Assembly meeting.**

**Board/Commission/Committee Applying For:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Length of Residence in Sitka:** \_\_\_\_\_ **Registered to vote in Sitka?** ☐ Yes ☐ No

**Employer Business Name and your position:** \_\_\_\_\_

**Organizations you belong to or participate in:** \_\_\_\_\_

**Explain your main reason for applying:** \_\_\_\_\_

**What experience or credentials will you bring to the board, commission, or committee membership?** \_\_\_\_\_

**Appointments are typically made during Assembly meeting open sessions. However, Assembly members may vote to discuss applicant(s) in closed executive session.** In this case, do you wish to be present when your application is discussed? ☐ Yes ☐ No

**Potential conflicts of interest that may arise from your appointment must be disclosed.** These may include, but are not limited to, a substantial financial interest of \$1000 annually that could be influenced by your appointment, or an immediate family member employed within the scope of this appointment. **Do you have any potential conflicts of interest to disclose?** ☐ Yes ☐ No

**If yes, please explain:** \_\_\_\_\_

*I understand this is a volunteer position appointed by the City and Borough of Sitka Assembly and requires regular meeting attendance. I further understand this application is public information and the merits of my appointment may be discussed at a public forum. In addition, my name may be published in media outlets. If I am appointed to serve, I will follow all laws, procedures, and practices associated with my appointment.*

*I certify that the information in my application is true and accurate.*

**Date:** \_\_\_\_\_ **Applicant Signature:** Lilli Y. Kanga