



**City of Mount Vernon
Voting Rights Act Advisory Committee Application**

Applicant Contact Information

Name _____ Date: _____

Are you a registered voter in the City of Mount Vernon? ___ Yes ___ No

Home Address _____ Zip code: _____

Mailing Address: _____

Primary Phone Number: _____

E-mail Address: _____

Applicant Background Information

Why are you interested in serving on the Voting Right Act Advisory Committee?

What skills, knowledge and approach would you bring to the Advisory Committee?

*Please contact Peter Donovan, Project Development Manager, at (360) 336-6256
or peterd@mountvernonwa.gov for more information*