

**Application for Appointment to the
Mason County Noxious Weed Control Board**

Name _____

Telephone _____

Residence Address _____

Mailing Address, if different _____

Are you engaged in the primary product of agricultural products (*such as shellfish, livestock, timber, Christmas trees, crops, etc.*)?

Yes No

If yes, please give a brief description of your agricultural production activity.

Please give a brief description of your background and why you are interested in seeking appointment to the Mason County Noxious Weed Control Board (*you may attach additional pages if necessary*).

Provide signatures of at least ten (10) registered voters who reside within your weed control district in support of your application. Please use the signature list on the reverse of this form.

**Registered Voters Residing in District and
Supporting this Application for Appointment**

Name (please print)	Signature	Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

NOTE: State law requires no fewer than the signatures of ten (10) registered voters residing in the district for which appointment is to be made. All signatures will be checked by the County Auditor for registration. Additional signatures, names and address may be attached.

Any questions should be directed to the WSU Cooperative Extension Office at 427-9670 ext. 396 or 275-4467 ext. 396.

Completed application must be submitted to:

**Mason County Commissioners
411 North Fifth Street
Shelton, WA 98584**