



CITY AND BOROUGH OF SITKA

A COAST GUARD CITY

CERTIFICATION OF APPLICANT QUALIFICATIONS FOR VACANT ASSEMBLY SEAT

1. I AM A QUALIFIED VOTER OF THE CITY AND BOROUGH OF SITKA.

VOTER IDENTIFICATION NUMBER: _____

**2. I HAVE BEEN A RESIDENT OF THE MUNICIPALITY FOR AT LEAST ONE
(1) YEAR IMMEDIATELY PRECEDING THE APPOINTMENT TO OFFICE.**

LENGTH OF RESIDENCY IN SITKA: _____

By signing below, I swear or affirm the following facts stated above are true to the best of my knowledge and belief.

SIGNATURE: _____ DATE: _____

EMAIL: _____ PHONE: _____

RECEIVED IN THE CLERK'S OFFICE BY:

Municipal Clerk Signature

DATE: _____