



**City of Molalla Application for Appointment to Water Master Plan
Project Advisory Committee (PAC)**

Date:	
Name:	
Address:	
Home Phone:	
Work Phone:	
E-Mail:	
Years of Residence Inside City	
Years of Business Ownership Inside City	
Years of Residence Inside Urban Growth Boundary	

Current or Previous Community Affiliations or Activities:

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Why would you like to serve on this committee and give any other background you might have in this area?

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What water related items are of most interested to you?

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Signature