

Application For Vacant One Year Assembly Seat

Application Period:

September 3rd thru 4:30 p.m. September 20th, 2021



The Kodiak Island Borough is seeking applicants to fill a vacant Assembly member seat for a one-year term to expire October 2022.

Applicants must be qualified voters and residents of the borough for a minimum of one year at the time of filing. Applicants may not hold any other compensated borough office, borough employment, or elected position in the state or federal government while in office.

The appointee will be required to file an official financial disclosure statement as required by the provisions of Alaska Statutes 39.50 with Alaska Public Offices Commission (APOC).

If you have any questions, please contact the Borough Clerk's Office at 486-9310 or via email at clerks@kodiakak.us.

General Information
(Please Print Clearly)

I, _____, am a qualified voter and declare myself to have resided in the Kodiak Island Borough for at least one year at the time of filing.

My current residence address is: _____.

I have been a resident of the Kodiak Island Borough since _____.

My full mailing address is: _____.

CERTIFICATION

I, the undersigned, certify that the information in this form is true and complete, and that I meet the specific residency and citizenship requirements of this office.

Once appointed, I certify that I will be filing an Alaska Public Officials Financial Disclosure Form.

Applicant's Signature

Cell phone: _____

Work phone: _____

Email: _____

(For office use only)

Voter #: _____

Subscribed and sworn before me this _____ day of _____, _____.

Limited Government Notary for the State of Alaska

Borough Clerk, Alise L. Rice

ASSEMBLY APPLICATION

A letter of interest may be attached but is not required. Attach any documentation that you believe is relevant for the evaluation of your application.

This application will be made available to the public. If you do not wish for certain information to be public you must notate next to the information.

Name: _____ **Residence Address:** _____

Mailing Address: _____ **Are you a property owner in Kodiak?** _____

Occupation: _____

Work Phone: _____ **Cell Phone:** _____

Education: _____

Service Organization(s) Membership: _____

Business and Professional Positions: _____

Special Interests: _____

Statement: _____
