



## Registered Voters Residing in District And Supporting this Application for Appointment

|     | Name (please print) | Signature | Residence 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 Mason County Noxious Weed Control Program at:**

(360) 427- 9670 ext. 592 or (360) 275- 4467 ext. 592 (Belfair)

[khall-wieckert@masoncountywa.gov](mailto:khall-wieckert@masoncountywa.gov)

**Completed application must be submitted  
via mail or email to:**

Mason County Noxious Weed Control Board  
303 N. 4th Street Shelton, WA 98584

[khall-wieckert@masoncountywa.gov](mailto:khall-wieckert@masoncountywa.gov)

*Office Use Only*