



Application for Appointment to the Mason County Noxious Weed Control Board

I reside in Mason County Noxious Weed District No:	
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Name:

Address:

City/Zip:

Mailing Address (if different from above):

Phone Number(s):

Email:

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	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)
weeds@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

weeds@masoncountywa.gov

Office Use Only