



DEVILS LAKE
WATER IMPROVEMENT DISTRICT

4006 NW West Devils Lake Road – Lincoln City, OR 97367

541-994-5330

EMAIL: lake.manager@DLWID.org

www.DLWID.org

APPLICATION

Board Member Vacancy

I, _____, respectfully request to be considered as an applicant for a vacant position on the Devils Lake Water Improvement District Board of Directors.

Name: _____

Address: _____

Phone: _____

Email: _____

Do you own property in the District? Y / N

Are you a US Citizen? Y / N

Address: _____

Please provide a brief outline of your experience and philosophy which may assist the Board of Directors in making a decision to fill this vacancy: (Attached other sheets as needed).

Signed: _____

Date: _____