



# Form Center

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## Application for Pasco City Council District 3 Appointment

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The Pasco City Council is seeking registered voters in City Council District 3 to apply for the vacancy on Council after the resignation of Councilmember Nikki Torres.

The City Council intends to fill the vacancy by appointment of a resident of Council District 3 as soon as practical. The current term of the District 3 seat expires on December 31, 2025, however, the appointee would stand for re-election in 2023.

Any adult resident and registered voter of District 3 (**[see map](#)**) may seek appointment by filing a completed application, as outlined below, by 5:00 p.m. on Monday, June 27, for consideration by the City Council.

In addition, you will need to upload your personal resume and cover letter explaining why you are seeking appointment to the City Council and provide any other information you feel pertinent for Council consideration.

You can also email your files to the Pasco City Clerk at [cityclerk@pasco-wa.gov](mailto:cityclerk@pasco-wa.gov). You can also download [this form to fill out offline here](#).

If you have any questions about this process or the role and responsibilities of Councilmembers, please contact the City Manager’s office at (509) 545-3404.

Name\*

Primary Contact Telephone\*

Secondary Contact Telephone

Home Address (Street)\*

City\*

Pasco

State\*

WA

Email Address\*

Length of residence in Pasco\*

Registered Voter?\*

☐ Yes

☐ No

Available for daytime meetings:\*

☐ Yes

☐ No

Available for evening meetings:\*

☐ Yes

☐ No

Present Employment (Job - Title - Date of Employment - etc.)

Business Address

City

State

WA

List education, training, or volunteer work that you possess that may be relevant to the position for which you are applying:\*

Why do you want to serve on the City Council? What do you hope to accomplish?

Do you know of any conflicts of interest that you may have in serving, or do any of your relatives work for the City of Pasco?\*

- ☐ Yes
- ☐ No

If yes, explain:

APPLICATION AGREEMENT: By checking the box below, you agree with the following statement: "I agree that all of the information contained in my responses to the questions on the application and in the supporting documents are true and accurate to the best of my knowledge. I further agree that, by checking the box below and submitting this application, online or otherwise, I am affixing my digital signature to this form as of the date submitted. I also understand that this application and supporting documents may be available for public inspection."\*

☐ I Agree

Please type your name here for your signature:\*

Upload Your Cover Letter/Resume Here:\*

Choose File

 No file chosen

The City desires diversity on its City Council. Information in this section will assist in this goal but is voluntary on your part.

Race

Sex

Disability

Note

If you have any difficulties with this online form, please contact City Clerk's office at (509) 544-3096 or email [cityclerk@pasco-wa.gov](mailto:cityclerk@pasco-wa.gov).

☒ Receive an email copy of this form.

Email address

This field is not part of the form submission.

Submit

\* indicates a required field

Contact Us

Pasco City Hall  
525 N 3rd Avenue  
Pasco, WA 99301  
509-544-3080  
Hours: Monday through Friday  
8 a.m. to 5 p.m.

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