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WASHINGTON TOWNSHIP MUNICIPAL COMPLEX | ADMINISTRATIVE OFFICES
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Washington Township Municipal Authority Board Candidate Information Sheet

Name: _____ Phone (Home): _____

Address: _____ (Work): _____

_____ (Cell): _____

How long have you lived at this address? _____

Educational Background: _____

Where are you employed? _____

Why do you want to be a Washington Township Municipal Authority member? _____

What utility, construction, or business expertise, knowledge or life experiences do you believe will add to the
Municipal Authority if selected? _____

Do you have any specific goals that you would like to achieve as a member? _____

Can you attend most of the meetings scheduled for the first and third Tuesdays each month? _____

Any additional comments? (Attach resume, additional sheets, or use the back of this form if you require more
space.): _____

Signature: _____ Date: _____