

CERTIFICATE OF APPOINTMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

The undersigned officers of _____ do
(Commission, Council, or Board Making Appointment)
hereby appoint _____ of _____
(Person Appointed) (Address)
to the office of _____. The term for this position
(Office and Position)
will expire on _____.

Signed this _____ day of _____, 20__

(Signature) (Printed Name, Title)

(Signature) (Printed Name, Title)

(Signature) (Printed Name, Title)

OATH OF OFFICE

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

I, _____, do solemnly swear or affirm that I
(Person Appointed)
am a citizen of the United States and State of Washington; that I am legally qualified to
assume the office of _____; that I will support the
(Office and Position)
Constitution and laws of the United States and the State of Washington; and that I will
faithfully and impartially discharge the duties of this office to the best of my ability.

(Signature) (Printed Name)
Subscribed and sworn before me this _____ day of _____, 20__

(Signature) (Printed Name, Title of Swearing Officer)