

# Candidate Nomination Form

## International Special Review District (ISRD) Board

In accordance with SMC 23.66, as amended, and pursuant to the authority of Director's Rule 2-2023

### NOMINATE A CANDIDATE: Deadline is Tuesday, October 14, 2025

This form must be received by mail no later than **5:00 p.m., on Tuesday, October 14, 2025** at the Department of Neighborhoods. Submit a passport-sized photograph of the nominee. Self-nomination is permitted. If the nomination form is sent via email, the signed hard copy of the form must be received via US Postal Service (USPS) by the nomination deadline so that the original signatures are on file.

PHOTO SUBMISSION: Submit a passport-sized photo by email or mail.

Seattle Department of Neighborhoods  
ATTN: ISRD Coordinator  
PO Box 94649  
Seattle, WA 98124-4649  
[rebecca.frestedt@seattle.gov](mailto:rebecca.frestedt@seattle.gov)

### Person Nominating Candidate

First and Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_

Nominator's Signature (required): \_\_\_\_\_

### Open Positions

All positions are for two-year terms that begin 12/1/2025 and end 11/30/27.

REQUIRED: Select only one position below and list qualifying address. NOTE: Eligibility for positions #2 and #4 is the same. Please select which seat you are applying for.

- Position #1 Business Owner, Property Owner, or Employee**

List qualifying business, property, or employment address and respond to question on page 2.

\_\_\_\_\_

- Position #2 Resident, Tenant or Community Participant**

List qualifying address and respond to questions on page 2.

\_\_\_\_\_

- Position #4 Resident, Tenant or Community Participant**

List qualifying address and respond to questions on page 2.

\_\_\_\_\_

***Provide candidate information on page 8***

# Candidate Nomination Form

International Special Review District (ISRD) Board

PAGE 2

## Candidate Information

Candidate's First and Last Name: \_\_\_\_\_

Candidate's e-mail address: \_\_\_\_\_

Candidate's home phone: \_\_\_\_\_

Candidate's work phone: \_\_\_\_\_

**Candidate Signature (required):** \_\_\_\_\_

## Candidate Statement

**All Candidates:** State briefly your reason(s) for wanting to be elected to the ISRD Board. What skills and/or relevant experience would you bring to the Board? Add to the form in the space provided below or submit a separate document.