

# KING COUNTY BOARDS AND COMMISSIONS APPLICATION FORM



***PLEASE NOTE: Information provided on this form will be a public record subject to production under the Washington State Public Records Act (Ch. 42.56 RCW). Any personal health information and information that is exempt from disclosure will be redacted prior to public disclosure.***

Thank you for your interest in serving on a King County board or commission. Individuals selected to serve on a King County board or commission will also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on a King County board or commission. Individuals appointed to serve on a board or commission that is overseen by an agency independent of King County government are exempt from the financial disclosure filing requirement.

## I'm Interested in Serving on the (Board or Commission Name):

HARBOUR VIEW TRUSTEE BOARD

## My Name Is:

Richa Malik

## Preferred Contact Information:

Address	3212 lake Washington Blvd N
City, State, Zip Code	Renton, WA, 98056
Home Phone	206-886-9493
Work Phone	
Cell Phone	
Email Address	Richa@maliklawllc.com

## Physical Home Address (REQUIRED if different from preferred mailing address to prove King County residency. Agency-nominated representatives are exempt from the residency requirement.)

Home Address	713 33 <sup>rd</sup> street n
City, State, Zip Code	RENTON, WA, 98056

## Current Employer

Job Title	Principal Attorney (self-employed)
Date of Employment	10-20-2021
Company Name	Malik Law PLLC
Street Address	3212 lake Washington BLVD N
City, State, Zip Code	RENTON, WA, 98056

**King County Council District I reside in (Please type an "X" in the box to the right of your district):**

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input checked="" type="checkbox"/> X	Don't Know <input type="checkbox"/>
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Don't know your district? [Find out here.](#)

**Have you served on any other Board, Commission, or Committees (Please list them below)?**

Board, Commission or Committee Names	Year Appointed	Term Expired
NONE		

**Please explain why you feel you are the most qualified candidate for this appointment.**

I believe I am a strong candidate for the trustee position at Harborview Medical Center because my professional background in law has equipped me with the ability to analyze complex issues, provide sound judgment, and uphold the highest standards of ethics and accountability. As the leader of Malik Law Firm, I have extensive experience advocating for diverse communities, navigating regulatory requirements, and ensuring that organizational decisions prioritize fairness, transparency, and long-term impact. My work has strengthened my commitment to equity and access—values at the heart of Harborview's mission. I am deeply dedicated to supporting vulnerable populations and helping institutions operate with integrity, compassion, and strategic vision. I would welcome the opportunity to contribute my legal expertise, community-centered perspective, and strong sense of responsibility to the continued excellence and public-service mission of Harborview Medical Center.

**How did you learn of this opportunity?**

I learned about this opportunity through my professional and social network, where colleagues familiar with my work and commitment to community service shared the information with me.

**Do you hold any professional licenses, registrations, or certificates in any field (Please type an "X" in the box)?**

Yes  No

If you hold any professional licenses, please list them here:

Yes, i am an Immigration attorney!

**PERSONAL INFORMATION (OPTIONAL)****How do you identify?**

Race/Ethnicity:	ASIAN
Gender:	FEMALE
Sexual Orientation:	STRAIGHT

Personal Pronoun: (he/him; she/her; they/them, etc.)	SHE/HER
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**Do you have a disability as defined by the Americans with Disabilities Act? (Please type an "X" in the boxes that apply to you)**

Yes  No

**Generation Range (Please type an "X" to the right of the age range that applies to you):**

30 or younger	
31-41	X
42-52	
53-63	
64-74	
75 or older	

#### Person to Notify in Case of Emergency (OPTIONAL)

Name	PARAS MALIK
Home Phone	206-271-9999
Work Phone	206-271-9999
Cell Phone	

#### Agreement and Signature

By submitting this application, I affirm that the information I have provided in this application are true and complete to the best of my knowledge.

Type your name	RICHA MALIK
Date	12-8-2025

#### Please return completed form to:

*(We are only accepting applications via email. You can scan your completed form and then send it to us as a PDF attachment; or you can complete the form online, then save the completed form to your hard drive, and then attach the completed form to an email.)*

**Please return your completed form to the staff liaison conducting the recruitment for the King County board or commission for which you are applying, you can email Tala Mahmoud at [tmahmoud@kingcounty.gov](mailto:tmahmoud@kingcounty.gov) with your application.**

**For more information about King County boards and commissions, click on the following link.**  
[King County Boards and Commissions - King County, Washington](#)