City of Merced

Application for Appointment to a Board or Commission

			_ Date:
ne Address:	(street)		(zip)
	,		(447)
ling Address	:(street)	(city)	(zip)
nail Address:			
ne Phone: _		Cell Phone:	Work Phone:
(exc	ample: ###-###-###)	(example: ###-###-###)	(example: ###-###-###
e of Employ	ment:	Occupati	ion:
rk Address:			
	(street)	(city)	(zip)
l. Are you re	egistered to vote i	n a City election?	
	s, commissions, l	ment in community-related action of the poards, etc.)	ivines (i.e. volunieer work,
•		f the purposes, responsibilities, th you are applying.	and services offered by the

This space ma	ny be used for any o	ther informati	on you feel	is pertinent.	
List two refer	ences who can attes	t to your suita	bility for an	pnointment to the	
	ences who can attes	t to your suita	bility for ap	ppointment to the	
board/commis	ssion.	•	•	ppointment to the	
board/commis		•	•	ppointment to the	
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board/commis Name: Address Phone:	ssion.	(city)	(zip)	opointment to the	
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