City of Merced Application for Appointment to The Planning Commission

Name):							Date:	
	Address:							(example: mm/dd/y	ууу)
HOIIIC			ty, zip)					_	
Maili	ng Address:							_	
		(street,	city, zip)						
Home	Telephone:					Cell Phone:			
E-mai	il Address: _		ole: ###-###-#			_	(example: i	###-###-###)	
	of Employm								
Occuj	pation:								
Work	Address:								
	(s	treet, cit	ty, zip)					_	
Work	Telephone:								
		(examp	ole: ###-###-#	###)					
1.	Are you a Q election.)	UAL	IFIED ELF	ECTOR o	of Merce	ed City? (Re	egistered	to vote in a City	
	Yes		No		If yes,	for how ma	ny years?	?	
2.	List past or j	-				ty-related ac	etivities (i	i.e., committees,	
3.	State your u board, comm		_			-		vices offered by the	e

boa	rd, commission, or committee.
	te your reasons for submitting this application and what you expect to accompl
this	board, commission, or committee.
Thi	s space may be used for any other information you feel is pertinent.
	t two references who can attest to your suitability for appointment to this board mission, or committee. (Name, address, and phone number)
	initission, of committee. (Ivame, dadress, and phone number)