City of Paso Robles

APPLICATION FOR APPOINTMENT TO A CITY ADVISORY BODY/COMMITTEE/ COMMISSION

Name of Advisory Bo	dy:							
Name of Applicant: _	First Name			e Initial		Last I	Name	
Street Address:					City, Z	Zip:		
Mailing Address: (if different from home)	P.O. 1	Number		City		State	Z	ip
Home Phone: ())					
Retired? □ Occu								
Employer (if applicab								
Work Phone: ()								
EDUCATION & TRA	AINING							
High School								
Name					City		S	tate
CollegeName					City		S	tate
Degrees/Majors								
Other Schools/Training								
MEMBERSHIP IN O	RGANIZATIO	NS						
ADVISORY BODY/O	COMMITTEE/C	COMMISSION	APPOIN	TMENTS	5 T	ERM		
Current	-					om	То_	
Current					Fı	om	То_	
Previous					Fı	om	То_	
Previous					Fı	om	То_	
Previous						om		
Please provide any supp this advisory body.	plemental inform	ation to this appli	cation, inc	cluding the	e specific reas	son you beli	eve you should	l be appointed to
LAST NAME_			C	OMMIT	TEE NAME			
				REFULLY				
This is a public documen	nt. I understand					ided to the 1	public upon re	guest.
If appointed to a City of understand that other W it. I also authorize the C	committee, comn Veb sites not cont	nission or other a rolled by the City	dvisory bo may prov	ody, I autł ide links t	norize the Ci o a City Web	ty to post the page that h	he following on the mas my persona	n its Web site. I Il information on
☐ Home address☐ Home phone number☐ Home Fax number☐	r	□ B	usiness ad usiness ph usiness fax	one numb	er	1	□ Cell Phone N □ Personal E-1 □ Business e-1	mail address
Further, if my home add Government Code §625 provided by the City in	50 et seq.), I und	erstand that by a	greeing to	the relea	ise of the inf			
Date				Signatu	ire			
				Ü		_		
If appointed to a City of its Web site or to release disclose on the Internet	e such informatio	on to a third party	who may	post the i	information o	on their Wel	b site. The Cit	y may, however,
Date								

Signature