

**CITY OF SAN RAFAEL**  
**APPLICATION TO SERVE AS A MEMBER OF**  
**BICYCLE & PEDESTRIAN ADVISORY COMMITTEE**  
(Limited to Two Consecutive Four-Year Terms)

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

RESIDENT OF THE CITY OF SAN RAFAEL FOR \_\_\_\_\_ YEARS

PRESENT POSITION: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\*HOME & BUSINESS PHONE: \_\_\_\_\_

\*E-MAIL ADDRESS (optional): \_\_\_\_\_

EDUCATION: \_\_\_\_\_

PARTICIPATION IN THE FOLLOWING CIVIC ACTIVITIES: \_\_\_\_\_

MEMBER OF FOLLOWING CIVIC ORGANIZATIONS: \_\_\_\_\_

MY REASONS FOR WANTING TO SERVE ARE: \_\_\_\_\_

DESCRIBE POSSIBLE AREAS OF CONFLICT OF INTEREST: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Mail or deliver to:**  
City of San Rafael, City Hall, Dept. of City Clerk  
1400 Fifth Avenue, Room 209, San Rafael, CA 94901

\*Information is kept confidential to the extent permitted by law