CITY OF SAN RAFAEL APPLICATION TO SERVE AS MEMBER OF CITIZENS ADVISORY COMMITTEE ON ECONOMIC DEVELOPMENT AND AFFORDABLE HOUSING

(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 AC	TIVITIES:	
MEMBER OF FOLLOWING CIVIC ORGANIZATION	NS:	
MY REASONS FOR WANTING TO SERVE ARE		
DESCRIBE POSSIBLE AREAS OF CONFLICT OF	FINTEREST:	
DATE:	SIGNATURE:	
Mail or deliver to:	City of San Rafael, Dept. of City Clerk	
	City Hall, 1400 Fifth Avenue, Room 209 P.O. Box 151560, San Rafael, CA 94915	
*This information will be	e kept confidential, to the extent permitted by law.	