

**CITY OF SAN RAFAEL**  
**APPLICATION TO SERVE AS MEMBER OF**  
**DESIGN REVIEW BOARD**  
(Limited to Three 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: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE POSSIBLE AREAS IN WHICH YOU MAY HAVE A CONFLICT OF INTEREST WITH THE CITY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\*Information kept confidential, to the extent permitted by law.