

CITY OF SAN RAFAEL
APPLICATION TO SERVE AS MEMBER OF
FIRE COMMISSION
(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: _____

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, Dept. of City Clerk
City Hall, 1400 Fifth Avenue, Room 209
P.O. Box 151560, San Rafael, CA 94915

* This information will be kept confidential, to the extent permitted by law