

CITY OF SAN RAFAEL

APPLICATION TO SERVE AS MEMBER OF THE

PLANNING COMMISSION

(Limited to Three Consecutive Four-Year Terms)

NAME: _____

HOME ADDRESS: _____

CITY / STATE / ZIP CODE: _____

RESIDENT OF THE CITY OF SAN RAFAEL FOR _____ YEARS

PRESENT OCCUPATION: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

*HOME & BUSINESS PHONE: _____

*E-MAIL ADDRESS: _____

EDUCATION: _____

PARTICIPATION IN THE FOLLOWING CIVIC AND COMMUNITY ACTIVITIES / ORGANIZATIONS:

MY REASONS FOR WANTING TO SERVE ARE: _____

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.