

CITY OF SAN RAFAEL
APPLICATION TO SERVE AS MEMBER OF
Marin / Sonoma Mosquito and Vector Control District Board
(Board or Commission)

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 IN WHICH YOU MAY HAVE A CONFLICT OF INTEREST WITH THE CITY: _____

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 kept confidential, to the extent permitted by law.