

711 West Cinnamon Drive ● Lemoore, California 93245 ● (559) 924-6744 ● Fax (559) 924-9003

Office of the City Manager

APPLICATION FOR PUBLIC SERVICE APPOINTMENT

TO A MUNICIPAL BOARD /COMMISSION/COMMITTEE/ADVISORY TASK FORCE

| Name | | |
|--------------------------------------|--------------------------------|--------------------------------|
| Address | | Telephone# |
| E-mail address | | Cell # |
| Business Name | | |
| Business Address | | |
| Position Held | | Business Phone # |
| How long have you resided in Lemoore | | Are you a registered voter |
| Would you be available for | meetings in the dayti | me evenings both |
| Please indicate the Commis | ssion or Advisory Committe | e for which you wish to apply: |
| City Council | Planning Commission | Parks & Recreation Commission |
| District | Downtown Merchants A | dvisory Committee |
| What are your principle area | as of interest in our City gov | rernment: |
| | | |
| | | |
| | | |
| | | |

List education, training or special knowledge which might be relevant to this appointment:

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| List employment, membership in service or community organizations or volunteer work which might be relevant to this appointment: |
|--|
| Have you been, or are you now a member of a governmental board, commission or committee? If so, please provide name and dates service. |
| REMARKS: Please indicate any further information that will be of value regarding your appointment. |
| Name Date (Please print) Signature |